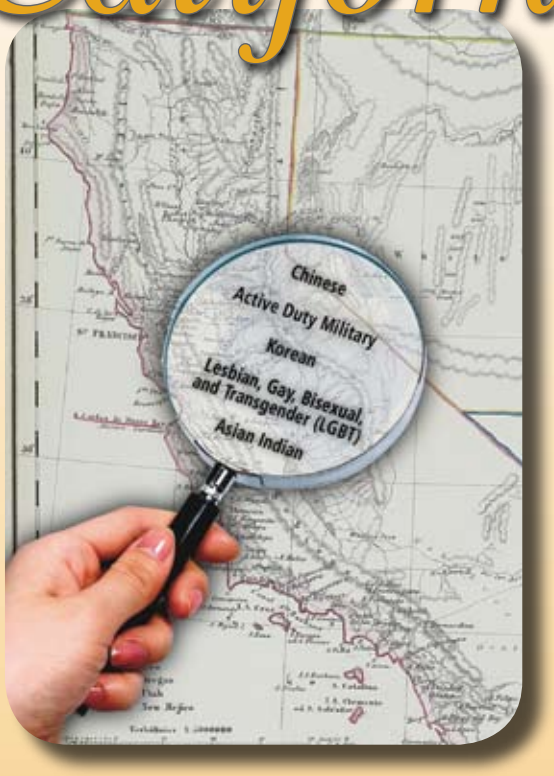
California



Korean American

Tobacco Use Survey — 2004

California Department of Health Services
Tobacco Control Section

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CALIFORNIA KOREAN AMERICAN TOBACCO USE SURVEY 2004

California Department of Health Services
Tobacco Control Section

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Executive Summary

The purpose of this study is to identify tobacco-related behaviors, knowledge, and attitudes among adults of Korean descent residing in California; the primary focus of the study is on cigarette smoking behavior, although some questions were asked regarding other forms of tobacco use. The present study attempts to expand upon existing epidemiological knowledge of tobacco-related attitudes and behaviors of Korean Americans residing in California, as well as the degree to which the media can influence these attitudes and behaviors. This Executive Summary provides an overview of the study results by presenting the key findings.

Findings

Smoking Behavior

Respondents' smoking behavior is of primary importance to the present study. First, the present study addressed smoking rates for Korean Californians along with the volume and frequency of smoking behavior.

- A total of 15.3% of respondents were current smokers. This is consistent with the 15.4% of all smoking adults in California and slightly higher than the 12% of all Asian and Pacific Islanders (API) in California who currently smoke, according to the 2002 California Tobacco Survey (CTS).
- Another 19.3% of respondents were former smokers, while 65.4% were never smokers.
- Well over half of current smokers (72%) reported that they had smoked every day, while only 0.2% of former smokers did so. Less than 8% of current smokers reported that they had smoked in fewer than 10 of the past 30 days.
- Almost one-third of all current smokers (30.5%) fell into the highest category, reporting that they smoked an average of 16 or more cigarettes per day, while just over 15.1% smoked only 1 to 5 cigarettes per day. The middle category 54.4% of current smokers reported an average of 6 to 15 cigarettes per day.
- Women were much less likely to have ever smoked than men, with 90.4% of women (compared to 36.7% of men) identified as never smokers.
- Consistent with the gender differences observed in prevalence rates from the 1999 CTS[1] among California's general population, men were much more likely to be a current smoker than women; only 4.3% of women in the sample were current smokers, while 27.9% of men were current smokers.
- Second or higher generation respondents (those born in the United States [U.S.]) appear to be somewhat more likely to be current smokers than first generation Koreans (those not born in the U.S.). Likewise, first generation respondents are more likely to be former smokers than respondents who are second generation or higher.
- For males, second or higher generation respondents were only slightly more likely to be current smokers (31.4%) than first generation respondents (27.6%). However, first generation males were three times more likely to be former smokers than second or higher generation males.
- Comparatively, second or higher generation males seem to be less likely to start smoking in the first place, with 55.9% of men in this group indicating they have never smoked compared with 34.6% of first generation men.

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[1] Gilpin, E.A., Emery, S.L., Farkas, A.J., Distefan, J.M., White, M.N., Pierce, J.P. (2001). *The California Tobacco Control Program: A Decade of Progress. Results from the California Tobacco Surveys, 1990–1999.* LaJolla, CA: University of California, San Diego.

- Also, in contrast to males, first generation women were more likely to never have smoked at all (91.6%) compared with second or higher generation women (79.5%).
- Assimilated respondents were slightly more likely to be current smokers (19.2%) compared with bilingual (16.4%) and traditional respondents (14.3%). Further, assimilated respondents were less likely to be former smokers (13.1%) compared with bilingual (20.8%) and traditional (19.7%) respondents.
- Assimilated men were more likely to have never smoked than traditional men (60.8% versus 31%) or bilingual men (40.8%). However, bilingual and traditional men were more likely to be former smokers.
- A different pattern was observed for females such that assimilation seems to be associated with an increased tendency to smoke. Traditional women are more likely to have never smoked than assimilated women (93.3% versus 75%) or bilingual women (87.3%). But assimilated women were more likely to be current smokers (11.7%) compared with traditional (2.6%) or bilingual (6.9%) women.
- Current smokers are more likely to be young, with 25.5% of the cohort age 18–24 identified as current smokers. Fortunately, with age the proportion of current smokers steadily decreases. At the same time, the proportion of former smokers in each age group steadily increases.
- For men, the larger the percent of life spent in the U.S., the less likely they are to be current smokers, and the more likely they are to be former smokers. The exception to this is for those who have been in the U.S. the longest. This group is more likely to have never smoked (57.1%) but also has a slightly higher percentage of current smokers (31.1%).
- For females, the trend was more consistent; a larger percent of life spent in the U.S. was associated with an increased likelihood of smoking.
- Respondents with higher levels of education were least likely to be current smokers and those with no formal education were most likely to be current smokers. However, those with no formal education or less than a high school education were also most likely to have never smoked.

Using Multinomial logistic regression to determine which demographic characteristics predict smoking *independent of the effect of the* other variables in the analysis found that:

- Belonging to a household where another member is a current smoker increases the odds of being a current smoker over a former smoker or someone who has never smoked.
- Women are more likely to have never smoked or to be a former smoker, rather then being current or former smokers, even after controlling for age, education, household income, marital status, generation, and acculturation.
- Additionally, age increases the odds of becoming a former smoker rather than a current one, after other demographic factors being taken into consideration.
- Married respondents were more likely to be former smokers over current ones and divorced or separated respondents were more likely to be current smokers rather than having never been smokers.
- Higher education decreases the odds of being a current smoker, even after controlling for age (along with the other demographic factors).

Initial Smoking Behavior

Several questions were asked of Korean Californians who were former or current smokers regarding their initial smoking experiences.

- Age of onset for smoking was young; the most common age which respondents smoked their first cigarette was 14 to 17 for current smokers (35.1%) and 18- to 20-years-old for former smokers (40.4%).

- Although most respondents started smoking early in life, regular smoking behavior tended to occur later. About 23% of current smokers and 15% of former smokers started smoking regularly before they were 18-years-old, but the most common age at which both current and former smokers became regular smokers was 18- to 20-years-old.

Other Tobacco Use

Korean Californians were also asked their behaviors regarding other tobacco product use.

- Overall, respondents were more likely to have smoked a cigar (18.2%) than to have smoked a tobacco pipe (7.6%) or to have used chewing tobacco (2.4%).
- Individuals who have never smoked cigarettes were unlikely to use other forms of tobacco. Current and former cigarette smokers were much more likely to have smoked a tobacco pipe, cigar, or chewing tobacco than those respondents who had never been cigarette smokers.
- Most respondents who have used these products in the past do not report using them with any regularity. Although cigars were the product most often used by respondents in the past, only 6% of individuals who have ever smoked a cigar report currently using them every day or some days.
- Current cigarette smokers were more likely to have smoked a cigar within the past month (11.7%) than former smokers (1.1%) or never smokers (3.8%).
- Among first generation respondents who have never smoked cigarettes, usage of other tobacco products is very light with about 3% or less having ever used one of these products. However, for all of these other tobacco products, rates of use by second generation respondents is as high or higher than for first generation respondents.

Quitting Behaviors

Perhaps even more important than understanding current smoking behavior is understanding behaviors related to smoking cessation. The present study explored attitudes toward smoking *cessation*, techniques used to stop smoking, and types of assistance individuals have sought in order to stop smoking, with the following results:

- Among Korean Californians, just over one-third of former smokers have tried to help a friend or family member stop smoking.
- The most common types of assistance former smokers used when they attempted to help a family member or friend stop smoking were brochures (9.7%), followed by western medical techniques (8.6%), or consulting with a doctor or nurse (7.5%).
- Most former smokers had stopped smoking more than one year ago (83.7%); 39.3% had not smoked regularly for at least ten years.
- Over half (68%) of *all* current smokers have stopped smoking for at least one day in the past year while trying to quit. The 2002 CTS also found 60% of *all* California smokers attempted to quit.
- Most current smokers who have attempted to quit smoking did not seek outside aid. Of those current smokers who did try to stop smoking, 79% tried to quit on their own.
- The most common types of assistance sought by current smokers trying to quit were western medical techniques (21.8%) and brochures (19.6%). Approximately 13% consulted with a doctor or nurse and 14.1% used eastern medical techniques.
- A full 80% of current smokers indicated that they would indeed like to quit smoking.
- Although a significant number of smokers want to quit, only a minority of these intend to quit in the immediate future. Just 16.7% of current smokers intended to quit within the next 30 days and an additional 25% wanted to quit in the next six months.
- Of the 44.9% of current smokers who saw a health professional in the past year, 54.4% received advice to stop smoking.

To understand better which current smokers are likely to want to quit or attempt to quit smoking, a demographic analysis was performed.

- First, concerning gender, both male and female smokers were likely to try to quit smoking; 69.8% of female current smokers and 67.4% of male current smokers reported that they have tried to quit smoking at one time.
- Further, there was little difference as a result of generational status. For both first generation and second or higher generation, about two-thirds of current smokers have tried to quit.
- Generally speaking, younger current smokers were more likely to have tried to quit smoking than older current smokers. In the youngest age category (18–24), 77.9% of current smokers have tried to quit smoking, while only 56.5% of current smokers over the age of 64 have tried to quit.
- Neither Korean Californians' level of acculturation or length of time in the U.S. had much effect on quitting behavior.
- Again, there were few substantial differences in the proportion of smokers who have attempted to quit by educational level.

Current Smokers' Purchasing Behaviors

Increases in the cost of cigarettes have been associated with a decrease in per capita cigarette consumption.[2] To understand better whether individuals are concerned about the price they pay for cigarettes and whether this concern in turn relates to an intention to quit smoking, a series of survey questions addressed these issues, with the following results:

- More than half of respondents (53.2%) usually paid $3 to $4 per pack, while another 35.9% paid $4 to $5.
- Over one-quarter (26.2%) of all current smokers reported paying $25 to $30 per carton, and another 56.6% reported that they usually paid $30 to $35 for a carton of cigarettes.
- When asked whether or not they worried about the amount of money they spent on cigarettes, 76% of current smokers reported that they did *not* worry about these costs.
- Approximately 23% of current smokers reported that they took advantage of coupons, rebates, or other special offers the last time they purchased cigarettes.
- Current smokers were much more likely to smoke light cigarettes (67.9%) than regular cigarettes (26.9%), while 5.2% usually smoked menthol cigarettes.
- Almost three-quarters of all current smokers (72.7%) reported that they smoked Marlboro brand cigarettes. Very few usually smoked a Korean brand of cigarettes (3.3%), but 9% usually smoked a Chinese brand.

Relationship Between Cost of Smoking and Cessation

To investigate whether spending more money for cigarettes increases smokers' desire to quit smoking, current smokers' quitting behaviors were examined as a function of the amount that they usually spent on a pack of cigarettes.

- For Korean current smokers, there does not seem to be a relationship between concern over the cost of cigarettes and either attempts to quit or desire to quit.

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[2] Department of Health Services, Tobacco Control Section. *Cigarette Consumption Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/Consumption.pdf.

Household Smoking Behavior

In California, an increasing number of individuals have begun to restrict smoking in their homes. For example, from 1994 to 2001, the percentage of nonsmokers who prohibit smoking in their homes increased by 25%. Furthermore, over twice as many smokers prohibited smoking in their homes in 2001 as were found to do so in 1994[3]. This growing trend is important and protects nonsmokers, children, pregnant women, the elderly, and other vulnerable individuals from the detrimental effects of secondhand smoke (SHS)–a known carcinogen. Regarding smoking in the household, the survey identified the following key results:

- In 76.9% of respondents' households, no other members of the household smoked. In 18.3% of households, one other person in the household currently smoked.
- Current smokers were much more likely to live in a household with others who smoked than former smokers or never smokers. More than one-third (34.7%) of current smokers lived in a household with at least one other smoker, while only 16.9% of never smokers and 10% of former smokers lived with others in the household who smoked.
- In approximately 54% of respondents' households, smoking was completely prohibited. This is higher than the 49% of all California residents who reported living in smoke-free households in the 2002 CTS.
- In approximately 20% of Korean households, however, there were no restrictions on smoking. This is slightly fewer than the 23.7% of all California households that reported no restrictions in the 2002 CTS.
- Although smoking was completely prohibited in a clear majority of respondents' households, 87.3% of respondents reported that no one ever smoked inside their homes.
- In those households where smoking was not completely prohibited, 50.4% expected smoking be banned within six months. For almost one-third of respondents, there was no intention to ban smoking in their households.
- Current smokers were less likely to prohibit smoking in their homes completely, but were no more likely than never smokers or former smokers to have no restrictions on smoking.
- Current smokers were not more likely to allow smoking everywhere in a household but rather were more likely to have restrictions in place allowing smoking in only some rooms.
- Current smokers (31.3%) were most likely to live in a household where someone smokes inside the home. Conversely, almost all of never smokers (89.8%) and former smokers (93.5%) reported no one ever smokes inside their homes.

Smoking Outside of the Household

The State of California has enacted laws to protect individuals from the effects of SHS in the workplace and in other public places. To investigate rates of exposure to SHS for this particular population, a series of questions investigated exposure to SHS in the workplace and other places outside the home for Korean adults residing in California.

- About 90.9% of Korean workers work in a building that is completely smoke-free indoors.
- However, 15.8% of respondents had been exposed to smoke in their work area in the past two weeks.

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[3] Department of Health Services, Tobacco Control Section. *Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf.

- Of the 9% who worked in buildings where smoking was allowed, 42.4% reported that smoking was allowed in any indoor work area in their building. Additionally, 40.7% reported that smoking was allowed in a special smoking room or lounge; 19% reported that smoking was allowed in the break room or cafeteria; and 24.1% reported that smoking was allowed in the hallway or lobby of the building.
- A large majority, 81.3%, reported that smoking was allowed close to building entrances. Also, 58.5% of workers reported that there was a special area on the property where smoking was allowed.
- About two-thirds of respondents (66.7%) reported that they are not often exposed to other people's tobacco smoke in places other than work or home.
- The most common place in which respondents were last exposed to other people's tobacco smoke was a restaurant (16.9%), followed by a street or outside a building (14.1%), public parks or outdoors (9.4%), a bar or tavern (7.8%), and another person's home (7.6%).
- Of those respondents who had been to a California bar in the past year, 48.3% (45.7% of all respondents) reported that the bar was smoke-free.

Anti-Smoking Messages in the Media

Understanding respondents' media preferences is an important aspect in designing media campaigns to deliver anti-smoking messages. To this end, a series of survey questions investigated respondents' media use behaviors. Specifically, questions asked respondents about the amount of time per week they spent watching television (TV), listening to the radio, and reading the newspaper. Further, the survey asked respondents to specify whether they viewed, read, or listened to American or Korean media and whether they remembered seeing or hearing anti-smoking messages in these types of media.

- Only one-fifth of respondents (21.6%) indicated that they did not watch any Korean TV at all, but those who did watch Korean TV seem to do so in moderation. About 46.3% total watched between one to ten hours per week.
- When asked about the amount of time per week they watched American TV, the results were comparable. Although just 13% of respondents reported that they watched no American TV, 56.3% watched between one to ten hours per week.
- Korean radio was not a commonly used media source. About half of all respondents (50.6%) reported that they did not listen to Korean radio at all. Altogether, 28.5% of respondents listened to Korean radio between one to ten hours per week.
- Respondents were somewhat more likely to listen to American radio. Even though 43.7% did not listen to any American radio, 38.4% listened to between one to ten hours of American radio per week.
- Korean newspapers were read more often than American newspapers. Approximately 36.4% of respondents did not read Korean newspapers at all.
- Comparatively, fewer respondents read American newspapers. A large majority (90.7%) of respondents reported that they did not read American newspapers at all.
- More respondents reported that they had been exposed to anti-smoking messages on Korean TV (55.4%) than through any other type of media. About one-third of respondents had seen or heard anti-smoking messages on American TV (36.6%) and the Korean newspaper (32.9%).
- A total of 16.6% of respondents had not been exposed to anti-smoking messages in the media at all; further, 52.4% of respondents had seen or heard an anti-smoking message in one or two types of media. Nearly one-third (31%) of all respondents had seen or heard anti-smoking messages in three or more types of media.

- Acculturation appears to have a subtle but statistically significant effect on exposure to anti-smoking messages. Assimilated respondents were least likely to have been exposed to anti-smoking messages in multiple channels (mean=1.78) compared with traditional (mean=1.92) and bilingual respondents (mean=2.11).

- Current smokers were more likely to report that they had been exposed to anti-smoking messages through multiple channels (mean=2.58) than former smokers (mean=1.93) or never smokers (mean=1.79).

- Overall, males reported being exposed to anti-smoking messages in more channels (mean=2.17) than females (mean=1.75).

- Never smokers reported being exposed to anti-smoking messages in fewer types of Korean media (mean=1.02) than former smokers (mean=1.16), or current smokers (mean=1.25).

- Current smokers reported being exposed to anti-smoking messages in more types of American media (mean=0.95) than either former smokers (mean=0.50) or never smokers (mean=0.49).

Tobacco Related Attitudes and Knowledge

Respondents were asked about their attitudes toward smoking. Several questions addressed current smokers' attitudes about their own smoking behaviors. Additional questions investigated respondents' opinions about the potential dangers of tobacco smoke as well as their beliefs and opinions about tobacco industry (TI) and advertising of tobacco products.

Key results for attitude questions asked only of current smokers:

- Over three-quarters (79.8%) of all current smokers strongly agreed that smoking was harming their own health, while 16.1% slightly agreed. Only 4.2% of current smokers slightly or strongly disagreed with this statement.

- About 52.7% of current smokers strongly agreed that they were addicted to cigarettes, while 16.2% either slightly disagreed or strongly disagreed with the statement.

- Almost all current smokers strongly agreed (91.4%) or slightly agreed (6.1%) that their families would prefer they stop smoking.

- Only 31.3% of current smokers strongly agreed that their friends and colleagues would prefer that they did not smoke; 37.7% slightly agreed.

- More females than males strongly agreed that smoking is harming their health (83% versus 79.4%); however, overall, 96.5% of males and 92.4% of females either strongly or slightly agreed that smoking is harmful to their own health.

- Examining this question by gender, however, reveals that females were slightly more likely than males to believe that their friends wished they would stop smoking. While 75.5% of females either strongly agreed or slightly agreed that their friends would prefer that they not smoke, only 67.7% of males strongly agreed or slightly agreed.

- Overall, first generation smokers were only slightly more likely to agree that their friends wanted them to stop smoking (69.8%) compared to second or higher generation smokers (63.6%).

Key results for attitude questions asked of all respondents:

- Just over three-quarters (78.6%) of all respondents strongly agreed that SHS causes lung cancer in nonsmokers. Just 4% disagreed with this statement.

- Almost all respondents strongly agreed (95.3%) or slightly agreed (4.1%) that SHS was harmful to babies and children, with only 0.6% disagreeing.

- Again, almost all respondents strongly agreed (97.4%) or slightly agreed (2.3%) that if a woman smokes when pregnant, it will harm the health of her baby.
- Most respondents (83.4%) strongly agreed that eating at a smoke-free restaurant was preferable to eating at a restaurant that was not smoke-free. A total of 8.7% disagreed that smoke-free restaurants were preferable to restaurants that allowed smoking.
- Most respondents strongly agreed (53.7%) or slightly agreed (26.3%) that tobacco advertising encourages young people to start smoking. About 20% overall disagreed with this statement.
- About 66.4% of respondents strongly agreed and 21.3% slightly agreed that tobacco companies can lower the nicotine content of tobacco products. The other 12.2% of respondents either slightly disagreed (4.8%) or strongly disagreed (7.4%) with the statement.
- Respondents recognized the strong addictive properties of tobacco. Well over half (68.1%) of all respondents strongly *disagreed* that tobacco is not as addictive as other drugs such as heroin or cocaine, while 10.9% slightly disagreed and 10.7% strongly agreed.
- Most respondents did not agree that smoking was a symbol of independence; 71% strongly disagreed and 10.1% slightly disagreed that smoking cigarettes was a symbol of independence.
- Almost three-quarters of respondents (73%) strongly agreed that TI advertising at cultural and sporting events should be banned while another 13.4% slightly agreed.
- While 41% strongly agree and 24.7% slightly agree that the production and sale of cigarettes should not be a legitimate business, 14.8% strongly disagree and 19.4% slightly disagree.
- About 84.5% of respondents strongly agree and 8.3% slightly agree that TI spokespersons mislead the public when they say that tobacco is not addictive.
- A total of 60.8% of respondents strongly disagreed and 15% slightly disagreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes. Almost a quarter (24.3%) of all respondents either slightly agreed (11.1%) or strongly agreed (13.2%) with the statement.

Attitudes towards tobacco and tobacco use differed by several demographic characteristics. In terms of gender:

- Females are more likely to strongly agree that SHS causes cancer in nonsmokers.
- Women are more likely to strongly agree that they would prefer to eat in smoke-free restaurants than men (87.5% as opposed to 78.7%).
- Females were more likely than males to strongly disagree that tobacco is not as addictive as other drugs such as heroin or cocaine.
- Females were more likely than males to strongly disagree that smoking cigarettes is a symbol of independence.
- Males and females significantly differ in their attitudes about the legitimacy of TI, with females more likely to agree that the production and sale of cigarettes should not be a legitimate business.
- Females (63.5%) are more likely than males (57.6%) to have strongly disagreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.

In terms of generation:

- A generational difference in attitudes about tobacco advertising exists. However, most of the difference is seen between the strongly agree and slightly agree categories, with first generation respondents being more likely to strongly agree rather than only slightly agree that tobacco advertising encourages young people to start smoking.
- Second or higher generation respondents (67.9%) were more likely than first generation respondents (54.9%) to have strongly agreed that tobacco companies could reduce the amount of nicotine in their products.
- Although most respondents recognize the highly addictive properties of tobacco, first generation respondents were more likely to believe tobacco is as addictive as heroin or cocaine.
- First generation respondents (71.7%) are slightly more likely than second or higher generation respondents (65.6%) to have strongly disagreed that smoking is a symbol of independence. However, first generation respondents were also slightly more likely to have strongly agreed that smoking is a symbol of independence.
- First generation respondents (76.4%) are significantly more likely than second or higher generation respondents (42.1%) to have strongly agreed that tobacco ads should be banned from cultural and sporting events.
- First generation respondents were less likely to see the production and sale of tobacco as a legitimate business.
- Over 85% of first generation but 76.2% of second or higher generation respondents strongly agreed that TI spokespersons mislead the public when they say tobacco is not addictive.

Opinions Regarding Smoking

- Over half of all respondents (55.2%) found other people's smoking to be extremely annoying. Another 22% found others' smoking to be very annoying or moderately annoying, while only 7.2% reported that they were not annoyed at all by other people's smoking.
- Over half (58.1%) of all respondents had asked someone not to smoke in the past 12 months.
- Of those respondents who had asked someone not to smoke in the past 12 months, a third (33.9%) had asked a friend not to smoke on the most recent occasion. For 6% of respondents, the person they last asked to not smoke was a stranger.
- Females were significantly more likely than males to find other people's smoking annoying.
- Females (61.7%) were significantly more likely than males (53.9%) to have asked someone to stop smoking in the past 12 months.
- Females (23.7%) were much more likely than males (4.1%) to ask their spouse to not smoke.
- First generation respondents were more likely than second or higher generation respondents to report that they were extremely annoyed by the smoking of others.
- First generation respondents were more likely than second or higher generation respondents to ask their spouse, child, co-worker or some other known person (not family, a friend or a co-worker) to stop smoking. Second generation respondents were more likely to ask their parent, friend, or a stranger not to smoke.

Relationship of Tobacco Related Attitudes, Knowledge, and Smoking Behavior

This section examines attitudes toward smoking as they relate to respondents' reported smoking behaviors. Conventionally, attitudes are studied because they are presumed to be predictive of behavior. However, research has demonstrated that even highly accurate attitude measures do not always predict specific behaviors or other factors such as social or cultural norms or perceived control over a particular behavior (such as one's ability to quit smoking) may impact a particular behavior independently of one's attitude toward that behavior.[4] Thus, it is important to examine both attitudes and their corresponding behaviors to understand more about the relationship between them.

- Specifically, current smokers are less likely than former or never smokers to believe that smoking is dangerous to other people. Only 91.2% of current smokers strongly agreed that smoking could be harmful to others, while 98.3% of never smokers and 95.1% of former smokers strongly agreed.
- Current smokers were much more likely to either strongly disagree or slightly disagree (21.1%) that they "prefer to eat in restaurants that are smoke-free" than former smokers (7.5%) or never smokers (6.2%).
- Current smokers were less likely to strongly agree that tobacco advertising encourages young people to smoke (44.9%) than former smokers (57.2%) or never smokers (54.7%).
- Never smokers are the least likely to agree that tobacco is not as addictive as other drugs such as heroin or cocaine (18%), followed by former smokers (20.1%) and current smokers (34.8%), who are most likely to believe that tobacco is as not addictive as other drugs.
- Current smokers were more likely to agree (26.1%) that smoking is a symbol of independence than former smokers (17.2%) and never smokers (17.6%).
- Although over three-quarters of never smokers (75.1%) and former smokers (77.4%) strongly agree that advertising tobacco products at cultural and sporting events should be banned, only 57.8% of current smokers did so.
- While 46.7% of never smokers and 35.8% of former smokers strongly agreed that the production and sale of cigarettes should not be a legitimate business, only 23.5% of current smokers strongly agreed.
- Over three-quarters of never smokers (85.4%), former smokers (87.1%), and current smokers (77%) strongly agreed that TI statements indicating tobacco is not addictive are misleading to the public.
- Current smokers were much more likely to believe that if a person smokes only five cigarettes per day, that person's chance of getting cancer is about the same as someone who never smokes; 31.8% of all current smokers, 24.2% of former smokers, and 22.5% of never smokers either strongly or slightly agree that smoking only five cigarettes per day is the same as not smoking at all with regard to lung cancer.

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[4] Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11–39). Heidelberg: Springer.

Relationship of Tobacco Related Attitudes, Knowledge, and Korean Media Consumption

A final series of analyses were performed to investigate the relationship between exposure to anti-smoking messages in the Korean media, and whether increased exposure to such messages is related to a difference in tobacco related attitudes.

- The analysis indicates there are no significant differences in exposure to anti-smoking messages in Korean media between those who agreed that smoking is harmful to others and those who did not agree that smoking is harmful to others.
- In regards to individuals' preference for eating in smoke-free restaurants, those respondents who agree that they prefer to eat in smoke-free restaurants recall being exposed to fewer anti-smoking messages than respondents who disagree with the statements.
- Those who agreed that cigarettes are a symbol of independence recall being exposed to anti-smoking messages in more types of Korean media than those who did not agree.
- Those who agreed that tobacco advertisements should be banned at public events recall being exposed to anti-smoking messages in more types of Korean media than those who did not agree with this statement.
- Similarly, significant differences were also found between those who agreed that the production and sale of cigarettes should not be a legitimate business and those who did not agree with this idea in exposure to anti-smoking messages in Korean media.
- Respondents who agreed that TI spokespersons mislead the public when they say tobacco is not addictive recall greater exposure to anti-smoking messages in Korean media types than those who did not agree with this idea.

Recommendations

- Disseminate the findings from this Survey through the Department of Health Services to the tobacco control community, the scientific community, and especially Korean Californians.
- Based on these Survey findings, develop intervention strategies to both prevent smoking and encourage smoking cessation based on the differential gender and generational profiles of Korean Californian smokers.
- Examine the role of the Tobacco Control Section-supported "Quitline" in encouraging smoking cessation.
- Select sentinel questions from this Survey that should be utilized in regularly scheduled statewide surveys of tobacco use, e.g., Behavioral Risk Factor Surveillance Survey; California Health Interview Survey; CTS that could be used to monitor trends in the smoking profiles of Korean Californians.

CHAPTER 1 Overview

The purpose of this study is to identify tobacco related behaviors, knowledge, and attitudes among adults of Korean descent residing in California; the primary focus of the study is on cigarette smoking behavior, although some questions were asked regarding other forms of tobacco use. The present study attempts to expand upon existing epidemiological knowledge of tobacco related attitudes and behaviors of Koreans residing in California, as well as the degree to which the media can influence these attitudes and behaviors.

The target population for this study is adults 18 years or older residing in California who characterize themselves as being of Korean descent. Any adult of Korean descent was eligible for participation regardless of citizenship. To simplify reporting, the term "Korean Californians" will be used when discussing this population.

1.A. Background and Significance of the Study

According to the latest Surgeon General's report on smoking and tobacco use, "smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general."[5] California has been a leader for social change regarding tobacco use. In 1988, voters in California passed The California Tobacco Tax and Health Promotion Act (Proposition [Prop] 99) with the goal of reducing tobacco consumption in California by 75% by 1999. A 25-cent per pack increase in state surtaxes on cigarettes generates revenue for tobacco education and health care programs. Spending about $1 billion over 15 years, the state supports a comprehensive anti-tobacco health education campaign involving local programs and a statewide media campaign.[6]

The Tobacco Education Media Campaign (TEMC) uses TV, radio, billboards, transit, and print media to educate Californians on the dangers of smoking, as well as to provide assistance to those who want to quit smoking. The campaign's goal is to reduce tobacco use in the state by "promoting a social norm of not accepting tobacco."[7] TEMC recognizes that California consists of a multitude of ethnically diverse communities and tries to create advertising that is culturally relevant to the needs of these communities. For example, The National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA) is working with TEMC in a statewide tobacco education project targeting API populations, funded by Prop 99. Furthermore, because TI has directed a significant amount of marketing and advertising toward racial and ethnic minorities, the California Tobacco Control Program has targeted anti-tobacco programming at high-risk ethnic groups. One of these groups is Korean Americans.

Koreans comprise a significant Asian subpopulation in California as well as in the U.S. According to the 2000 Census, approximately 343,742 Koreans reside in California. In 1999, the smoking prevalence rate for Asians as reported on the CTS was 9.2%. However, a concern about these data is that the CTS was conducted in English, and more information about Asian subpopulations has traditionally been limited.

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5 U.S. Department of Health and Human Services, (2004). *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Heath Promotion, Office on Smoking and Health.

6 Department of Health Services, Tobacco Control Section. *A Model for Change: The California Experience in Tobacco Control.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/modelforchange.pdf.

7 Department of Health Services, Tobacco Control Section. *California's Tobacco Education Media Campaign Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/FSMediaCamp.pdf.

Tobacco use statistics for Asian Americans in California have traditionally revealed dramatic variations from one Asian-American subgroup to another. Previous research focusing specifically on Koreans has indicated smoking rates among this group of Asians are high both in comparison to other Asian subpopulations as well as the general population. A 1990–1991 California survey estimated that smoking rates were 35.8% for Korean-American men and 13.6% for Korean-American women.[8] Further, according to the 2001 California Health Interview Survey, conducted by the Center for Health Policy Research at the UC, Korean men, at 35%, have the highest smoking prevalence among Asian males. The present survey seeks to establish current smoking prevalence rates for Korean males and females, and also to examine the effects of acculturation on the adoption and maintenance of smoking behaviors.

Often, programs working to increase public knowledge about tobacco must compete with commercial messages targeted at particular racial or ethnic groups. This is particularly an issue for Chinese Americans in California. A 1993 study in San Diego, California found a higher density of tobacco billboards in Asian-American communities than in any other racial/ethnic community. Further, Asian-American stores in San Diego were found to have, on average, 6.4 tobacco displays per store-this was higher than the averages for Hispanic and African-American stores, according to DHS.[9] All things considered, Korean Californians certainly represent a group at risk for tobacco use and, subsequently, tobacco related diseases.

1.B. Overview of Methodology

The California Korean American Tobacco Use Survey (CKATUS) was conducted using a computer-assisted telephone interviewing (CATI) program. The survey methodology was designed to ensure the validity, reliability, linguistic appropriateness, and cultural competence of the study. The goal of CKATUS is to collect the highest quality epidemiological information in order to identify tobacco use behavior, knowledge, and attitudes among Korean adults in California. A total of 2,545 respondents participated in the survey.

The sample for the study was obtained from a list of telephone numbers registered to individuals with Korean surnames residing in California. In order to assure a representative sample, the original sampling procedure was a stratified sample based on generation, region, and gender. The sample should comprise individuals from all areas of the state if the estimate is to be unbiased. Therefore, a sampling scheme was developed based on 2000 Census data that determined the number of individuals fitting a specific criterion (based on gender and generational status) to be interviewed in each of the seven tobacco regions. Data was then weighted to represent the Korean population characteristics in California. Once the final weights were applied, the data were treated and analyzed as if the responses were obtained from a simple random sample.

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8 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups-African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998

9 Burns D., Pierce J.P. *Tobacco use in California,* 1990–1991, Sacramento, CA: Department of Health Services, 1992.

The following table provides the sampling parameters:

Table 1.A.1. Estimated Sample Sizes for Each Strata

Stratum	First Generation Males	First Generation Females	Second Generation Males	Second Generation Females
Los Angeles	199	199	361	259
San Diego, San Bernardino, Riverside	26	26	48	35
Orange	60	60	109	78
Santa Clara, Alameda, Contra Costa, Marin, San Francisco, San Mateo, Solano	64	64	117	84
Fresno, Imperial, Kern, Kings, Madera, Mariposa, Merced, Tulare, Sacramento, San Joaquin, Stanislaus, Yolo, Yuba, Sutter	12	12	22	16
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glen, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Sonoma, Tehama, Trinity, Tuolumne	3	3	6	4
Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura	10	10	18	13
Total	374	374	681	489

The survey questionnaire includes questions from CTS as well as additional items to measure the acculturation of respondents. CTS covers such topics as cigarette smoking behavior and other tobacco use, attitudes toward smoking, and media exposure to smoking and health-related information. Questions from CTS were used due to the proven validity and reliability of CTS' results since first being administered in 1990. This also allows for the comparison of this study's results with that of the general population of California.

A computer-assisted telephone interviewing system known as CASES was used to allow for maximum questionnaire flexibility and rapid data turnaround. Quality checks were pre-programmed in the CASES software in order to identify inconsistencies in the data, which could be corrected while the interview was in process. The calling procedure began by first randomly choosing respondents from all residents of the households who fit the screening criteria. Interviewers identified the language in which the respondent was most comfortable conversing. Interviews were conducted in English and Korean. For those respondents who could not be reached on the first attempt, multiple callbacks, and call scheduling were employed to assure the highest possible response rate and a representative sample.

1.C. Report Presentation

The current report describes the results of CKATUS. This section provides the reader with an explanation of the statistical tests used and some of the more common terms and definitions used throughout this report.

1.C.1. Statistical Analyses

At times, the tobacco related attitudes and behaviors of *different groups* of respondents were analyzed in this report. For example, smoking behavior may differ by gender or for different age groups or by a respondent's level of acculturation. Statistical tests were used to determine whether the group differences found in the sample were likely to hold true for the entire population of interest–in this case, the population included all adults of Korean descent residing in the state of California.

The results of statistical tests are accompanied by "p-values." Small p-values indicate statistically significant results, or results that are unlikely to be observed purely due to chance. Conventionally, p-values must be smaller than 0.05 ($p<0.05$) to be considered statistically significant. This leaves only a 5% chance that a particular pattern of results was observed due to random variations in a sample. If differences between groups are not statistically significant, then the probability is high that the observed differences between groups are due to chance or random sampling.

Different types of data require different forms of statistical analysis. For this report, two primary types of statistical analysis were used: chi-square tests and difference of means tests. When variables are known to be skewed, i.e. not normally distributed, Mann-Whitney (for two group comparisons) and Kruskal-Wallis (for comparing three or more groups) tests are employed to confirm the results of the means tests. These non-parametric tests are used to determine if group differences exist without the assumption that the data are normally distributed.[10]

1.C.2. Terms and Definitions

Smoking Status

Throughout this report, respondents are often identified by their smoking status:"never smoker," "former smoker," or "current smoker." In order to assign respondents to one of these three categories, they were first asked whether they had smoked at least 100 cigarettes in their lives. If they answered "no," they were identified as having never been a smoker. However, if these never smoker respondents reported that they had smoked within the past 30 days, they were reassigned to the current smoker category.

This was to identify new smokers who might not have yet smoked 100 cigarettes. Respondents who had smoked at least 100 cigarettes in their lives were then asked whether they currently smoke "every day, some days or not at all." If they answered "every day" or "some days" they were identified as current smokers. If they answered "not at all" they were identified as former smokers. The "ever smoker" category simply combines current and former smokers.

Generational Status

When determining respondents' generational status, respondents who were born in the U.S. were identified as second or higher generation Koreans, while those who were not born in the U.S. were identified as first generation Koreans.

Acculturation

The term "acculturation," broadly defined, means the extent to which an individual has adopted the language and customs of a new culture. There are many ways this particular concept can be defined; the present study uses language proficiency to identify individuals as traditional (not acculturated), bilingual (somewhat acculturated), or assimilated (acculturated). As a preliminary indicator of acculturation for the present research, SRG attempted to identify Korean speakers as either traditional or bilingual. Therefore, in order to construct the measure of acculturation, SRG asked respondents who were answering the questionnaire in their native language (and assumed to be proficient in that language), "In your opinion, how well do you speak English?" Korean speakers were identified as either traditional (not acculturated) or bilingual (somewhat acculturated) based on their responses. If the respondent answered "very well" or "pretty well" he or she was identified as bilingual. If the respondent did not speak English at least pretty well, he or she was identified as traditional. Likewise, English speakers (those taking the survey in English and assumed to be proficient in that language) were identified as either assimilated (acculturated) or bilingual (somewhat acculturated). The bilingual respondents from this group were found through their response to the question, "In your opinion, how well do you speak Korean?" If the respondent answered "very well" or "pretty well" he or she was identified as bilingual. Those who did not speak Korean at least pretty well were identified as assimilated.

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[10] Sprent, P. (1993). *Applied Nonparametric Statistical Methods, 2nd ed. London: Chapman and Hall.*

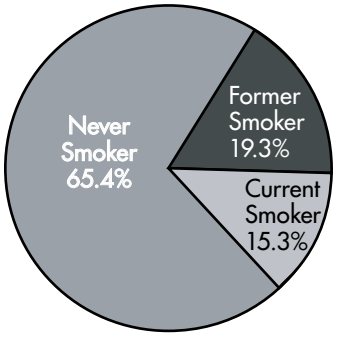
CHAPTER 2 Smoking Behavior and Other Tobacco Use

Respondents' smoking behavior is of primary importance to the present study. This section provides an overview of smoking rates for Korean adults in California along with data describing the volume and frequency of smoking behavior, and demographic characteristics of current, former, and never smokers.

2.A. Smoking Behavior

As shown in Figure 2.A.1, **15.3% of respondents were current smokers.** This is consistent with the **15.4%** of all smoking adults in California and slightly higher than the **12%** of all APIs in California who currently smoke, according to the 2002 CTS. Another 19.3% of respondents were former smokers, while 65.4% were never smokers.

Figure 2.A.1. Respondents' Smoking Status



To understand better the extent to which respondents smoke, current and former smokers were asked about the number of the past 30 days in which they had smoked. Presented in Table 2.A.1, well over half of current smokers (72%) reported that they had smoked every day, while only 0.2% of former smokers did so. Less than 8% of current smokers reported that they had smoked in fewer than 10 of the past 30 days. Conversely, almost all former smokers (96.9%) had not smoked at all in the past 30 days. Of those who had smoked, most of those had only smoked in 1–5 of those 30 days. Approximately 0.9% of former smokers had smoked in 6–30 of the past 30 days.

Table 2.A.1. Number of the Past 30 Days in Which Current and Former Smokers Smoked

Number of Past 30 Days Respondent Smoked	Current Smokers	Former Smokers
0 Days	0.7%	96.9%
1–5 Days	5.0%	2.3%
6–9 Days	2.1%	0.3%
10–19 Days	6.9%	0.0%
20–29 Days	13.3%	0.4%
Every Day	72.0%	0.2%
Total	100%	100%

Current smokers varied substantially in the average number of cigarettes they smoked per day, as shown in Table 2.A.2. Almost a third of all current smokers (30.5%) fell into the highest category, reporting that they smoked an average of 16 or more cigarettes per day, while 15.1% smoked only 1–5 cigarettes per day. The middle 54.4% of current smokers reported an average of 6–15 cigarettes per day. Note that one pack equals 20 cigarettes. In contrast, the vast majority of former smokers had not smoked any cigarettes in the past 30 days (96.9%). Of the former smokers who had smoked within the past 30 days, over half (51.6%, which is 1.6% of all former smokers) smoked only a single cigarette in that time. Only about 6.5% of former smokers who had smoked in the past 30 days (0.2% of all former smokers) had six or more cigarettes during that time.

Table 2.A.2. Average Number of Cigarettes per Day Smoked by Current and Former Smokers

Average Number of Cigarettes Smoked per Day	Current Smokers	Former Smokers
0	0.0%	96.9%
1	1.4%	1.6%
2–5	13.7%	1.3%
6–10	36.7%	0.0%
11–15	17.7%	0.0%
16 or More	30.5%	0.2%
Total	100%	100%

Table 2.A.3 presents the mean and median number of cigarettes smoked per day by current and former smokers. This table shows that, on average, current smokers smoked about half a pack of cigarettes per day. Not surprisingly, on average, former smokers do not smoke any cigarettes per day.

Table 2.A.3. Mean and Median Number of Cigarettes per Day Smoked by Current and Former Smokers

Number of Cigarettes Smoked per Day	Current Smokers	Former Smokers
Mean	13.14	0.11
Median	10.00	0.00

2.B. Smoking Behavior by Demographics

Smoking behavior is next examined as a function of a number of demographic characteristics.

2.B.1. Basic Demographic Analysis

First, as illustrated in Table 2.B.1, clear, statistically significant gender differences exist within the sample ($p<0.001$). Women were much less likely to have never smoked than men, with 90.4% of women (compared to 36.7% of men) identified as never smokers. Consistent with the gender differences observed in prevalence rates from the 1999 CTS[11] among California's general population, men were much more likely to be current smokers than women; only 4.3% of women in the sample were current smokers, while 27.9% of men were current smokers. Overall, the smoking prevalence among the Korean men residing in California is higher than in the general California population, which is 19.1% for males, and lower among Korean women than the 11.9% for all California women according to the 2002 CTS. This table also shows the breakdown of smoking status by respondents' generational status. Second or higher generation respondents (those born in the U.S.) appear to be somewhat more likely to be current smokers than first generation Koreans (those not born in the U.S.). Likewise, first generation respondents were more likely to be former smokers than respondents who were second generation or higher, ($p<0.001$).

[11] Gilpin, E.A., Emery, S.L., Farkas, A.J., Distefan, J.M., White, M.N., Pierce, J.P. (2001). *The California Tobacco Control Program: A Decade Progress. Results from the California Tobacco Surveys, 1990–1999.* LaJolla, CA. UC, San Diego.

Table 2.B.1. Smoking Status by Gender and by Generation

Smoking Status	Gender		Generation	
	Male	Female	First Generation	Second or Higher Generation
Never Smoker	36.7%	90.4%	65.0%	68.7%
Former Smoker	35.4%	5.3%	20.4%	9.6%
Current Smoker	27.9%	4.3%	14.6%	21.7%
Total	100%	100%	100%	100%

Next, the combined effects of gender and generational status on smoking behavior were examined (see Table 2.B.2). For males, second or higher generation respondents were only slightly more likely to be current smokers (31.4%) than first generation respondents (27.6%). However, first generation males were three times more likely to be former smokers than second or higher generation males. Comparatively, second or higher generation males seem to be less likely to start smoking in the first place, with 55.9% of men in this group indicating they have never smoked compared with 34.6% of first generation men.

Like males, first generation females were less likely to currently smoke, although the difference due to generation is more pronounced for females. Only 3.3% of first generation females were current smokers compared with 13.6% of second or higher generation women. Also, in contrast to males, first generation women were more likely to never have smoked at all (91.6%) compared with second or higher generation women (79.5%). The differences observed for gender are perhaps due to a greater acceptance of smoking for males than females in Korean culture; however, the relationship between generational status and smoking status differs for males and females. These group differences are statistically significant, ($p<0.001$).

Table 2.B.2. Smoking Status by Generation by Gender

Smoking Status	Males		Females	
	First Generation	Second or Higher Generation	First Generation	Second or Higher Generation
Never Smoker	34.6%	55.9%	91.6%	79.5%
Former Smoker	37.9%	12.7%	5.1%	6.8%
Current Smoker	27.6%	31.4%	3.3%	13.6%
Total	100%	100%	100%	100%

It may be that the differences observed in smoking rates for second or higher generation respondents reflect the effects of acculturation. To examine this further, Table 2.B.3 presents the relationship between respondents' smoking status and their level of acculturation and language preference. However, there were only subtle differences in smoking behavior between traditional, assimilated, and bilingual respondents. Assimilated respondents were slightly more likely to be current smokers (19.2%) compared with bilingual (16.4%) and traditional respondents (14.3%). Further, assimilated respondents were less likely to be former smokers (13.1%) compared with bilingual (20.8%) and traditional (19.7%) respondents. Statistically significant differences between these acculturation groups do exist ($p=0.03$); however, most of these differences seem to be between assimilated respondents and the other two groups (bilingual and traditional respondents). Respondents' language preference also seems to be related to smoking status; statistical analysis reveals significant differences in respondents' smoking status

by language preference ($p<0.001$). Although roughly 65% of both Korean and English speakers have never smoked, those respondents who preferred to speak English were more likely to be current smokers (20.3%) than those who preferred to speak Korean (14.4%). Conversely, Korean-speaking respondents were more likely to be former smokers (20.4%) than their English-speaking counterparts (14.2%).

Table 2.B.3. Smoking Status by Acculturation and Language Preference

Smoking Status	Acculturation			Language Preference	
	Assimilated	Bilingual	Traditional	Korean	English
Never Smoker	67.8%	62.8%	65.9%	65.3%	65.5%
Former Smoker	13.1%	20.8%	19.7%	20.4%	14.2%
Current Smoker	19.2%	16.4%	14.3%	14.4%	20.3%
Total	100%	100%	100%	100%	100%

Table 2.B.4 further breaks down the results by gender. Clear gender differences can be seen in both acculturation and language preference. Assimilated men were more likely to have never smoked than traditional men (60.8% versus 31%) or bilingual men (40.8%). However, bilingual and traditional men were more likely to be former smokers. There was little difference due to acculturation for current smokers. Just over a quarter of assimilated, bilingual, and traditional male respondents were current smokers.

A different pattern was observed for females such that assimilation seems to be associated with an increased tendency to smoke. Traditional women were more likely to have never smoked than assimilated women (93.3% versus 75%) or bilingual women (87.3%). But assimilated women were more likely to be current smokers (11.7%) compared with traditional (2.6%) or bilingual (6.9%) women. Assimilated women were also more likely to be former smokers compared with bilingual or traditional women.

The bottom section of Table 2.B.4 shows a similar pattern for language preference. Males who prefer to speak Korean were no more likely than males who prefer to speak English to be current smokers, but males who prefer to speak Korean were twice as likely to be former smokers (39.4%) compared with those who preferred to speak English (18%). In contrast, only 6.4% of females who preferred to speak Korean had ever smoked (i.e., were current or former smokers). Among women who preferred to speak English, 24% were current or former smokers.

Overall, the effects of these indicators suggest that acculturation affects male and female Koreans differently. For males, assimilation is associated with a decreased tendency to smoke. For females, assimilation is associated with an increased tendency to smoke. All group differences presented in Table 2.B.4 are statistically significant at $p<0.01$.

Table 2.B.4. Smoking Status by Acculturation and Language Preference by Gender

Smoking Status	Males			Females		
	Assimilated	Bilingual	Traditional	Assimilated	Bilingual	Traditional
Never Smoker	60.8%	40.8%	31.0%	75.0%	87.3%	93.3%
Former Smoker	12.8%	34.2%	39.7%	13.3%	5.8%	4.0%
Current Smoker	26.4%	25.1%	29.3%	11.7%	6.9%	2.6%
Total	100%	100%	100%	100%	100%	100%

Smoking Status	Males		Females	
	Korean	English	Korean	English
Never Smoker	32.4%	53.5%	93.6%	76.4%
Former Smoker	39.4%	18.0%	3.9%	11.0%
Current Smoker	28.2%	28.6%	2.5%	12.6%
Total	100%	100%	100%	100%

Along these same lines, Table 2.B.5 shows respondents' smoking status as a function of the percentage of their lives spent in the U.S. Generally speaking, respondents who had spent the largest and smallest percentage of their lives in the U.S. were more likely to have never smoked. Although the effects here are small in magnitude, group differences are statistically significant ($p<0.001$).

Considering respondents' smoking status by age, Table 2.B.5 shows a more discernable trend. Specifically, current smokers were more likely to be young, with 25.5% of the cohort age 18–24 identified as current smokers. Fortunately, with age the proportion of current smokers steadily decreases. At the same time, the proportion of former smokers in each age group steadily increases.

Table 2.B.5. Smoking Status by Percentage of Life to Date Spent in U.S. and by Respondents' Age

Smoking Status	Proportion of Life to Date Spent in U.S.					Age			
	Less than 10%	10–24%	25–49%	50–74%	75–100%	18–24	25–44	45–64	65 and Older
Never Smoker	70.2%	63.6%	63.5%	63.5%	68.1%	69.3%	65.3%	61.6%	68.3%
Former Smoker	14.2%	20.2%	22.2%	24.9%	10.5%	5.2%	18.1%	25.1%	24.9%
Current Smoker	15.7%	16.3%	14.3%	11.6%	21.4%	25.5%	16.6%	13.4%	6.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

The next two tables present the same information broken down by gender. Table 2.B.6 shows the same general trend for men as seen in the table above. For men, the larger the percent of life spent in the U.S., the less likely they were to be current smokers and the more likely they were to be former smokers. The exception to this is for those who have been in the U.S. the longest. This group is more likely to have never smoked (57.1%) but also has a slightly higher percentage of current smokers (31.1%). For females, the trend was more consistent; a larger percent of life spent in the U.S. was associated with an increased likelihood of smoking.

Table 2.B.6. Smoking Status by Percentage of Life to Date Spent in U.S. by Gender

Smoking Status	Males					Females				
	Less than 10%	10–24%	25–49%	50–74%	75–100%	Less than 10%	10–24%	25–49%	50–74%	75–100%
Never Smoker	31.9%	31.5%	33.0%	37.6%	57.1%	99.5%	90.8%	92.3%	87.2%	77.4%
Former Smoker	31.9%	37.1%	41.2%	42.0%	11.8%	0.5%	5.6%	4.1%	9.3%	9.5%
Current Smoker	36.1%	31.5%	25.8%	20.4%	31.1%	0.0%	3.6%	3.6%	3.5%	13.2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

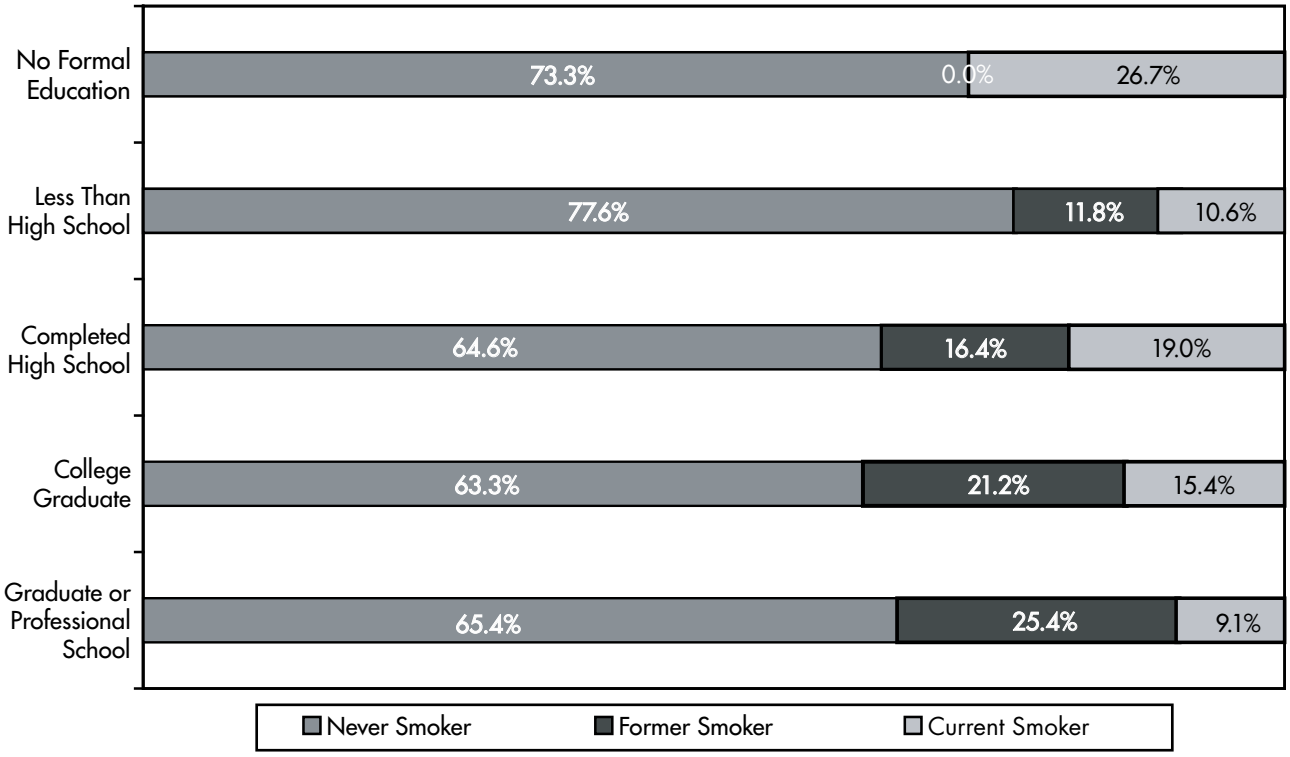
Examination of the results by age further clarifies the relationship between these variables. For both males and females, younger respondents (age 18–24) were most likely to be current smokers. However, these data also indicate that older males were former smokers who have quit, whereas older females had never smoked at all.

Table 2.B.7. Smoking Status by Respondents' Age by Gender

Smoking Status	Males				Females			
	18–24	25–44	45–64	65 and Older	18–24	25–44	45–64	65 and Older
Never Smoker	53.4%	37.4%	26.9%	40.9%	82.0%	89.0%	95.5%	92.0%
Former Smoker	5.6%	30.5%	47.5%	48.2%	4.9%	7.4%	3.3%	4.3%
Current Smoker	41.0%	32.1%	25.6%	11.0%	13.2%	3.6%	1.3%	3.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

To determine if there was a relationship between smoking behavior and level of education, respondents were asked about the highest level of education they had completed. Respondents with higher levels of education were least likely to be current smokers and those with no formal education were most likely to be current smokers. However, those with less than a high school education were also most likely to have never smoked. The percentage of former smokers increases along with level of education. These group differences, shown in Figure 2.B.1 below, are statistically significant at the $p<0.001$ level.

Figure 2.B.1. Smoking Status by Education



When analyzing the same information by gender (Table 2.B.8), a complex pattern emerges. First, for males, higher levels of education were associated with lower percentages of current smokers. Commensurately, the proportion of former smokers in each educational category increases. The exception to this trend for males is found in the highest educational category, those with graduate or professional degrees. Approximately half of respondents in this group have never smoked.

For females, there is a more linear trend such that increasing levels of education were accompanied by a decreased likelihood of currently smoking.

Table 2.B.8. Smoking Status by Education by Gender

Smoking Status	Males				
	No Formal Education	Less Than High School	Completed High School	College Graduate	Graduate or Professional School
Never Smoker	80.0%	35.6%	34.0%	30.5%	52.6%
Former Smoker	0.0%	37.8%	28.6%	40.8%	34.2%
Current Smoker	20.0%	26.7%	37.3%	28.7%	13.2%
Total	100%	100%	100%	100%	100%
	Females				
	No Formal Education	Less Than High School	Completed High School	College Graduate	Graduate or Professional School
Never Smoker	80.0%	94.0%	87.2%	92.4%	91.4%
Former Smoker	0.0%	1.7%	7.4%	3.9%	7.8%
Current Smoker	20.0%	4.3%	5.4%	3.7%	0.9%
Total	100%	100%	100%	100%	100%

Table 2.B.9 presents differences in respondents' smoking status by marital status. Chi-square tests indicate a relationship between smoking status and marital status ($p<0.001$). Although the relationship is complex, widowed (3.9%) respondents were least likely to be current smokers, followed by coupled respondents (12.7%). Respondents were most likely to be current smokers if they were divorced or separated (25.7%) or never married (25.3%).

Table 2.B.9. Smoking Status by Marital Status

Smoking Status	Marital Status			
	Married or Unmarried Couple	Divorced or Separated	Widowed	Never Married
Never Smoker	63.7%	56.8%	89.8%	65.3%
Former Smoker	23.7%	17.6%	6.3%	9.4%
Current Smoker	12.7%	25.7%	3.9%	25.3%
Total	100%	100%	100%	100%

Examining the effects of marital status by gender, both males and females were least likely to currently smoke if they were married or part of a couple, or if they were widowed. Both men and women were more likely to smoke if they were divorced or separated or have never been married. Notably, males were more likely to be former smokers if they were married or part of a couple or if they were formerly married (divorced or separated). Group differences are significant at $p<0.001$.

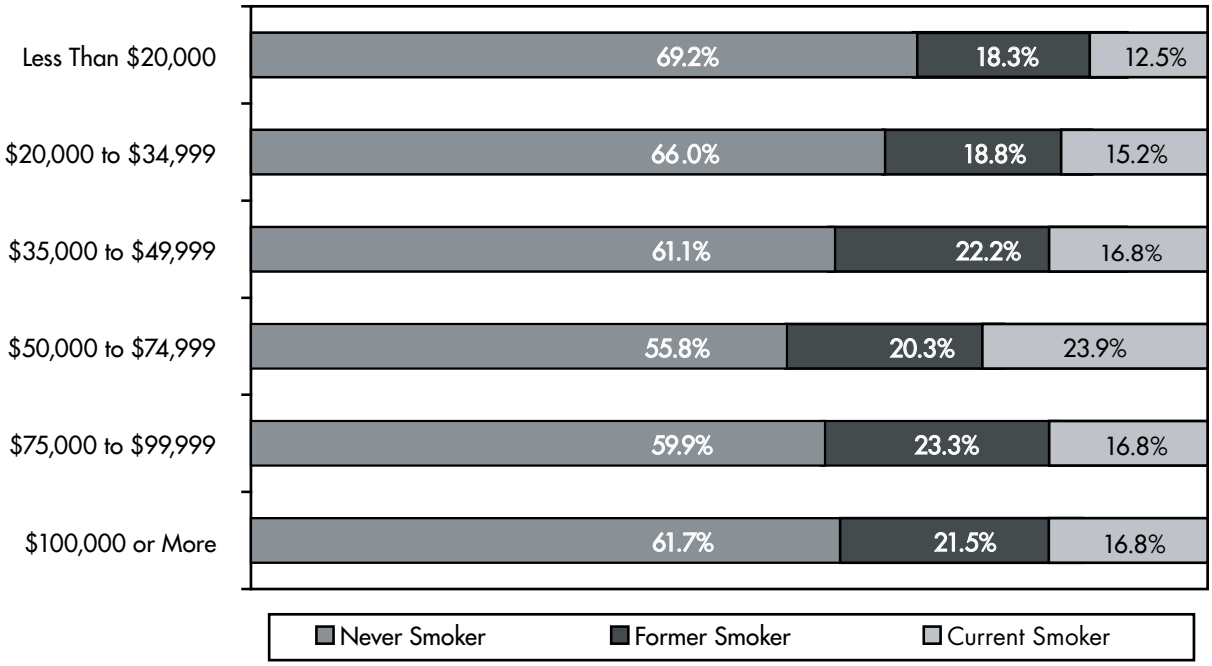
Table 2.B.10. Smoking Status by Marital Status by Gender

Smoking Status	Males			
	Married or Unmarried Couple	Divorced or Separated	Widowed	Never Married
Never Smoker	34.1%	14.3%	50.0%	46.6%
Former Smoker	42.1%	38.1%	30.0%	12.3%
Current Smoker	23.8%	47.6%	20.0%	41.1%
Total	100%	100%	100%	100%

Smoking Status	Females			
	Married or Unmarried Couple	Divorced or Separated	Widowed	Never Married
Never Smoker	94.0%	75.0%	94.8%	80.8%
Former Smoker	4.7%	7.7%	3.4%	7.3%
Current Smoker	1.3%	17.3%	1.7%	11.9%
Total	100%	100%	100%	100%

Respondents' smoking status was also analyzed by household income, as shown in Figure 2.B.2. The general trend appears to be that smoking rates are lowest in the lowest and highest income categories. The largest percentage of current smokers is found in the $50,000–$74,999 category. Chi-square tests reveal that group differences are significant, $p<0.001$. Further analysis reveals these results do not vary as a function of gender.

Figure 2.B.2. Smoking Status by Household Income



2.B.2. Relationships Between Smoking Status and Demographics

Several exploratory analyses that included all the demographic variables at once were conducted to attempt to explain smoking behavior among respondents. Multinomial logistic regression analysis was performed using respondents' smoking status as the dependent variable.[12] Logistic regression can determine the unique effect of a given demographic variable on smoking behavior *even after accounting for the effects* of the other variables in the analysis. The independent or causal variables used in this analysis included:

- If respondent belongs to a household where another member is a current smoker
- Gender
- Age
- Marital status
- Highest level of education completed
- Annual household income
- Percentage of life spent in the U.S.
- Acculturation (Traditional, Bilingual, Assimilated)

This analysis found that several factors are related to smoking status independent of other factors. First, belonging to a household where another member was a current smoker increases the odds of being a current smoker over a former smoker or someone who has never smoked. Second, women were more likely to have never smoked or to be a former smoker, rather then being current smokers, even after controlling for age, education, household income, marital status, generation, and acculturation. Additionally, age increases the odds of becoming a former smoker rather than a current one, even after accounting for the effects all other demographic factors. Also, married respondents were more likely to be former smokers over current ones and divorced or separated respondents were more likely to be current smokers rather than having never been smokers. Finally, higher education decreases the odds of being a current smoker, even after controlling for age (along with the other demographic factors).

Tables 2.B.11 and 2.B.12 display the results of the regression analysis. The causal variables are listed in the first column of each table. The second column shows the regression coefficient for each variable. The odds ratio and the 95% confidence interval for each odds ratio are given in columns three and four. However, only when a variable has a statistically significant impact on smoking status can the odds ratios be meaningfully interpreted. The last column in each table gives the interpretation of the regression results for each significant causal variable. For each regression analysis, being a current smoker is the reference category. Table 2.B.11 shows the results associated with never smoker status over current smoker status and Table 2.B.12 gives the results associated with former smoker status as opposed to current smoker status.

[12] Logistic regression is usually discussed as a method of predicting an outcome based on the effect of individual causal factors after the effects of the other causal factors in the model have been controlled for.

Table 2.B.11. Regression Results Associates With Never Smoker Status Versus Current Smoker Status

	Coefficient β	Odds Ratio (e^{β})	95% C.I. for (e^{β})	Interpretation
Intercept	-0.631			
Another member of the household currently smokes	-1.975***	0.139	0.096–0.200	The odds of having never smoked (rather than being a current smoker) are over **7 times** greater for respondents from households where no other members currently smoke
Female	3.442***	31.264	20.773–47.056	Women are over **30 times** more likely to have never smoked (rather than being a current smoker) than men
Age	0.010	1.010	0.995–1.025	Not significant
Marital Status				
Married or unmarried couple	0.326	1.387	0.820–2.342	Not significant
Divorced or separated	-2.121***	0.120	0.047–0.304	Divorced or separated respondents are over **8 times** more likely to be current smokers (rather than having never smoked) than respondents who have never married
Widowed	0.196	1.217	0.275–5.405	Not significant
Never married				Reference Category
Highest Education Level Completed				
No formal education	-2.613**	0.073	0.011–0.485	After controlling for age, respondents with no formal education are **13 times** more likely to be current smokers rather than to have never smoked than more educated respondents
Less than high school	-0.628	0.534	0.197–0.447	Not significant
High school graduate	-1.281***	0.278	0.161–0.478	Respondents with only a high school education are over **3 times** as likely to be current smokers rather than to have never smoked than respondents with more education
College graduate	-1.242***	0.289	0.177–0.472	College graduates are almost **3 times** as likely to be current smokers rather than to have never smoked than respondents with post graduate degrees
Graduate or Professional School				Reference Category
Household Income				
Less than $20,000	0.455	1.577	0.886–2.806	Not significant
$20,000–$34,999	0.400	1.491	0.840–2.648	Not significant
$35,000–$49,999	0.178	1.195	0.680–2.101	Not significant
$50,000–$74,999	-0.453	0.636	0.372–1.086	Not significant
$75,000–$100,000	-0.134	0.875	0.480–1.594	Not significant
More than $100,000				Reference Category
Percent of Life Spent in U.S.				
Less than 10%	-0.061	0.940	0.494–1.790	Not significant
10%–24%	-0.366	0.694	0.398–1.208	Not significant
25%–50%	0.140	1.150	0.712–1.857	Not significant
75%–100%				Reference Category
Acculturation				
Assimilated	0.314	1.369	0.683–2.743	Not significant
Bilingual	-0.004	0.996	0.636–1.561	Not significant
Traditional				Reference Category

Table 2.B.12. Regression Results Associates With Former Smoker Status Versus Current Smoker Status

	Coefficient β	Odds Ratio (e^{β})	95% C.I. for (e^{β})	Interpretation
Intercept	-0.478			
Another member of the household currently smokes	-1.875***	0.153	0.101–0.233	The odds of being a former smoker rather than a current one are **6 times** greater for respondents from households where no other members currently smoke
Female	0.669**	1.952	1.209–3.150	Women are almost **twice** as likely to be a former smoker (rather than a current smoker) than men
Age	0.030***	1.031	1.015–1.047	A one year increase in age increases the odds of becoming a former smoker by 3%
Married or unmarried couple	0.834**	2.304	1.250–4.237	The odds of being a former smoker rather than a current one are **twice** that for married respondents over those who have never married
Divorced or separated	-0.746	0.474	0.166–1.357	Not significant
Widowed	0.261	1.299	0.249–7.002	Not significant
Never married				Reference Category
No formal education	-	-	-	Dropped from analysis (not enough variance)
Less than high school	-0.188	0.829	0.285–2.401	Not significant
High school graduate	-0.661*	0.517	0.290–0.919	The odds of being a current smoker over a former one are almost **twice** as great for high school graduates who never went to college over college graduates
College graduate	-0.763**	0.466	0.279–0.781	College graduates are **twice** as likely to be current smokers rather than former smokers over respondents with post graduate degrees
Graduate or Professional School				Reference Category
Less than $20,000	0.119	1.126	0.601–2.110	Not significant
$20,000–$34,999	0.223	1.250	0.671–2.329	Not significant
$35,000–$49,999	0.149	1.161	0.636–2.121	Not significant
$50,000–$74,999	-0.328	0.721	0.405–1.281	Not significant
$75,000–$100,000	0.125	1.133	0.601–2.137	Not significant
More than $100,000				Reference Category
Less than 10%	-0.256	0.774	0.383–1.564	Not significant
10%–24%	-0.297	0.743	0.410–1.345	Not significant
25%–50%	0.040	1.041	0.622–1.741	Not significant
75%–100%				Reference Category
Assimilated	0.227	1.255	0.567–2.778	Not significant
Bilingual	0.193	1.213	0.754–1.951	Not significant
Traditional				Reference Category

2.C. Age of Onset for Current and Former Smokers

To attempt to understand better when current and former smokers first began smoking, Figure 2.C.1 shows the age at which respondents in these categories reported they first smoked an entire cigarette. Age of onset for smoking was young; the most common age at which respondents smoked their first cigarette was 14 to 17 for current smokers (35.1%) and 18 to 20 for former smokers (40.4%). Approximately 28.8% of former smokers and 42% of current smokers had their first cigarette before they turned 18 years-old. Altogether, about three-quarters of current smokers (74.4%) and former smokers (69.2%) had their first cigarette before age 21.

Respondents were next asked when they "first started smoking cigarettes fairly regularly"; the responses for current and former smokers are shown in Figure 2.C.2. Although most respondents started smoking early in life (most before age 21), regular smoking behavior tended to occur later. Looking at early smoking behaviors, 22.9% of current smokers and 15.1% of former smokers started smoking regularly before they were 18 years-old, but the most common age at which both current and former smokers became regular smokers was 18 to 20 years-old.

Figure 2.C.1. Age Respondents Smoked Their First Whole Cigarette

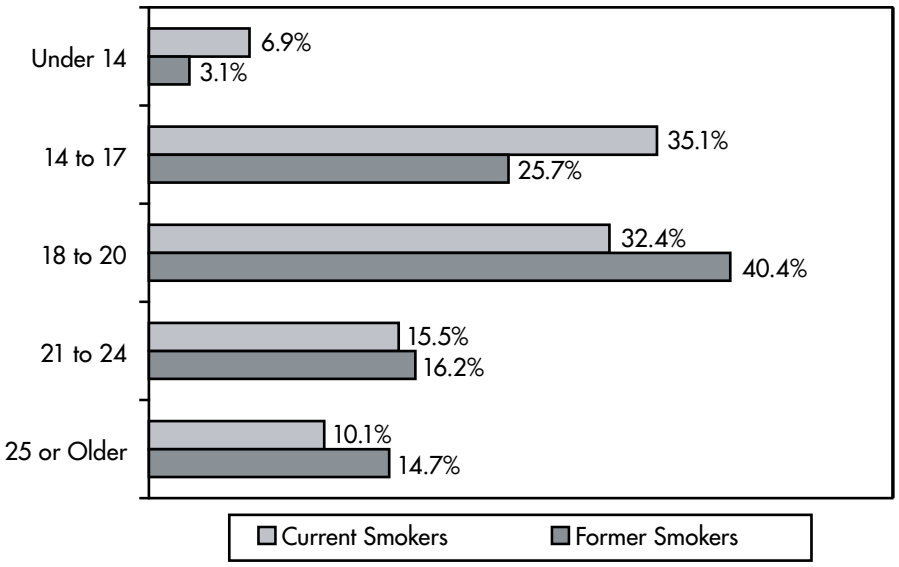
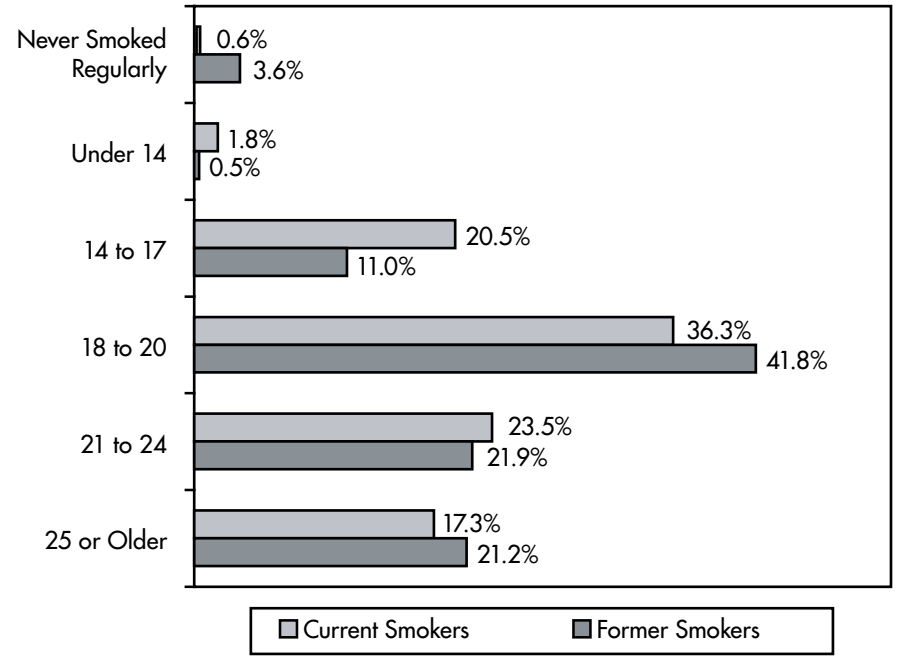


Figure 2.C.2. Age Respondents Became Regular Smokers



2.D. Other Tobacco Products

In addition to cigarettes, respondents were asked about other tobacco products they may have used. Respondents were asked if they had ever smoked a tobacco pipe or cigar or if they had used chewing tobacco. If they had used any of these other tobacco products, they were asked how often they used them.

Presented in Table 2.D.1, cigars are the most commonly used other tobacco product. Overall, respondents were more likely to have smoked a cigar (18.2%) than to have smoked a tobacco pipe (7.6%) or to have used chewing tobacco (2.4%). This table also presents tobacco product use by smoking status. Individuals who have never smoked cigarettes were unlikely to use

other forms of tobacco. For example, current and former cigarette smokers were much more likely to have smoked a tobacco pipe than those respondents who had never been cigarette smokers. A similar pattern was observed for cigar smoking. Former and current cigarette smokers were far more likely to have smoked a cigar than respondents who had never been cigarette smokers. The same pattern also holds for use of chewing tobacco, the least commonly used tobacco product. These differences by cigarette smoking status are statistically significant at $p<0.001$.

Table 2.D.1. Percent of Respondents Who Have Ever Used Other Tobacco Products

	Never Smokers	Former Smokers	Current Smokers	Total
Chewing Tobacco	0.6%	4.9%	7.1%	2.4%
Cigar	4.4%	40.3%	48.9%	18.2%
Tobacco Pipe	1.0%	22.2%	16.9%	7.6%

Table 2.D.2 shows the frequency with which respondents who had ever used other tobacco products currently use them. Overall, the use of these other tobacco products was extremely light. Most respondents who have used these products in the past did not report using them with any regularity. Although cigars were the product most often used by respondents in the past, only 6% of individuals who have ever smoked a cigar reported currently using them every day or some days. The extremely small sample sizes make interpretation of these data difficult.

Table 2.D.2. Current Frequency of Use of Other Tobacco Products

	Never Smokers		Former Smokers		Current Smokers		Total	
	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All
Chewing Tobacco	0.0%	100.0%	12.2%	87.9%	5.7%	94.3%	7.2%	92.8%
Cigar	3.8%	96.2%	1.1%	98.9%	11.7%	88.3%	6.0%	94.0%
Tobacco Pipe	1.3%	98.7%	10.6%	89.4%	16.2%	83.8%	11.7%	88.3%

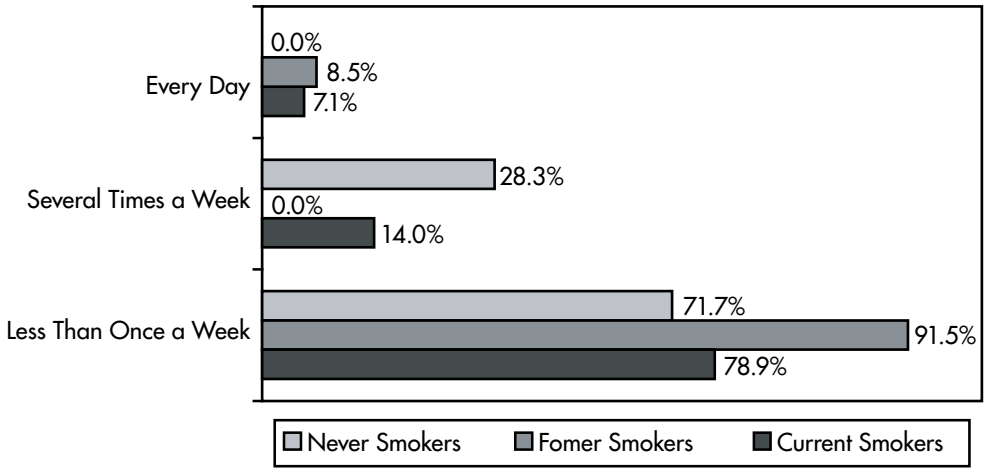
Because cigars were the other form of tobacco most likely to be used, the cigar smoking behavior of respondents was further examined to determine more precisely how often respondents currently smoke cigars or how long ago they did so. Table 2.D.3 presents the last time the respondent smoked a cigar by his or her cigarette smoking status and includes only those respondents who reported that they had smoked at least one cigar in their lives. Current cigarette smokers were more likely to have smoked a cigar within the past month (11.7%) than former smokers (1.1%) or never smokers (3.8%). Former smokers were the most likely to have last smoked a cigar more than 15 years ago (34.7%) compared to current smokers (3.9%) and never smokers (14.9%). Group differences are statistically significant at $p=0.001$.

Table 2.D.3. When Last Cigar Smoking Occurred by Smoking Status

Last Time Smoked a Cigar	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
In Past Month	3.8%	1.1%	11.7%
In Past 3 Months	5.8%	2.6%	9.1%
In Past 6 Months	2.9%	2.2%	15.0%
In Past Year	25.0%	5.7%	12.4%
In Past 5 Years	28.9%	27.8%	36.7%
In Past 15 Years	18.6%	25.8%	11.2%
More Than 15 Years Ago	14.9%	34.7%	3.9%
Total	100%	100%	100%

Including only those respondents who reported smoking a cigar within the past month, Figure 2.D.1 shows how *often* these respondents smoked a cigar in the past month. About 7.1% of current cigarette smokers reported that they smoked a cigar every day in the past month. The majority of respondents did not smoke cigars on a daily basis.

Figure 2.D.1. How Often Current Cigar Smokers Have Smoked a Cigar in the Past Month[13]



[13] This figure includes only males as there were no female smokers in the sample that had smoked a cigar in the past month.

Table 2.D.4 presents the current frequency of use of other tobacco products by generation. Among first generation respondents who have never smoked cigarettes, usage of other tobacco products is very light with 3.1% or less having ever used one of these products. However, for all of these other tobacco products, rates of use by second generation respondents is as high or higher than for first generation respondents.

Table 2.D.4. Current Frequency of Use by Ever Users of Other Tobacco Products by Generation

	Never Smokers		Former Smokers		Current Smokers	
	First Generation	Second Generation	First Generation	Second Generation	First Generation	Second Generation
Chewing Tobacco	0.4%	2.6%	4.3%	15.6%	5.9%	14.3%
Cigar	3.1%	16.0%	39.1%	64.2%	44.1%	78.3%
Tobacco Pipe	0.9%	1.8%	22.2%	21.8%	17.2%	14.9%

It was intended for this report to include a breakdown of use of other tobacco products by gender. However, use of other tobacco products by females was too rare to allow for meaningful group differences to be identified. The low rate of use of other tobacco products by Korean females in California is consistent with the low rate of use of these products by the California female population in general as reported by the 2002 CTS.

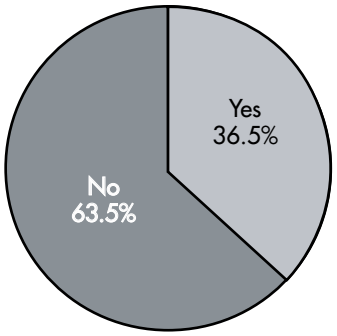
CHAPTER 3 Quitting Behaviors

Even more important than understanding current smoking behavior is understanding behaviors related to smoking cessation. This section explores attitudes toward smoking cessation, techniques used to stop smoking, and types of assistance individuals have sought in order to stop smoking.

3.A. Former Smoker Assistance

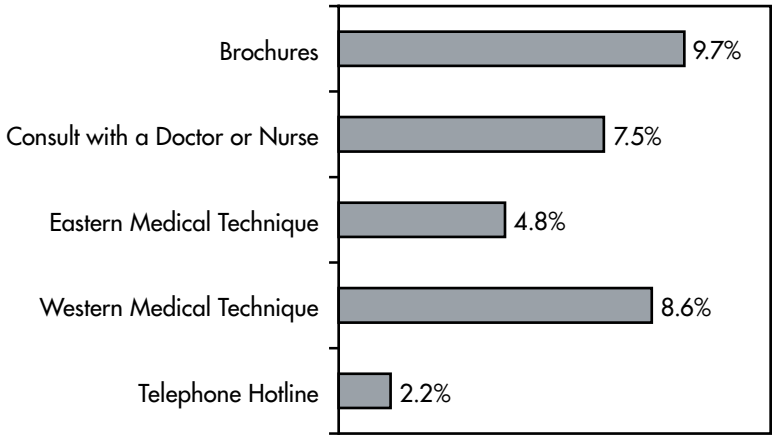
Individuals who have been able to stop smoking successfully are a potentially important source of information for others who are trying to stop smoking themselves. Among Korean Californians, just over one-third of former smokers have tried to help a friend or family member stop smoking, as shown in Figure 3.A.1.

Figure 3.A.1. Percent of Former Smokers Who Have Ever Sought Help for a Smoking Family Member or Friend



Those respondents who *had* tried to help a family member or friend stop smoking were asked whether they had used any of the following types of assistance: brochures, consulting with a doctor or nurse, Western medical techniques (nicotine gum, nicotine patches, and so on), Eastern medical techniques, or a telephone hotline. As presented in Figure 3.A.2, the most common types of assistance former smokers used when they attempted to help a family member or friend stop smoking were brochures (9.7%), followed by Western medical techniques (8.6%), and consulting with a doctor or nurse (7.5%). About 4.8% of former smokers used Eastern medical techniques, and 2.2% used a telephone hotline.

Figure 3.A.2. Type of Assistance Former Smokers Used in Most Recent Attempt to Help Family Member or Friend



3.B. Former Smokers' Behavior

Table 3.B.1 summarizes the length of time since former smokers last smoked cigarettes on a regular basis. Most former smokers had stopped smoking more than one year ago (83.7%); 39.3% had not smoked regularly for at least ten years. A small group of former smokers had only recently stopped smoking; 9.3% had stopped smoking within the previous six months.

Table 3.B.1. Length of Time Since Respondent Last Smoked Cigarettes Regularly

	Percent
6 months or less	9.3%
Between 6 months and a year	7.0%
Between 1 and 5 years	23.1%
Between 5 and 10 years	21.3%
Between 10 and 15 years	10.4%
Between 15 and 20 years	12.5%
More than 20 years	16.4%
Total	100%

3.C. Current Smoker Quitting Profile

Most current smokers had initiated some attempts to stop smoking in the previous year. In fact, as shown in Figure 3.C.1, over half (67.7%) of all current smokers had stopped smoking for at least one day in the past year while trying to quit. The 2002 CTS also found 60% of all California smokers attempted to quit.

Most current smokers who had attempted to quit smoking did not seek outside aid. Of those current smokers who did try to stop smoking, 79% tried to quit on their own (see Figure 3.C.2).

Those current smokers who sought aid to quit smoking were asked what type of assistance they employed. Respondents were asked if they had tried any of the following: brochures, consulting with a doctor or nurse, Eastern medical techniques, Western medical techniques (nicotine patch, nicotine gum, and so forth), or telephone hotlines. As shown in Figure 3.C.3, the most common types of assistance sought by current smokers trying to quit were Western medical techniques (21.8%) and brochures (19.6%). Approximately 13% consulted with a doctor or nurse and 14.1% used Eastern medical techniques. About 6.6% called a telephone hotline.

Figure 3.C.1. Percent of Current Smokers Who Have Stopped Smoking for at Least One Day While Trying to Quit

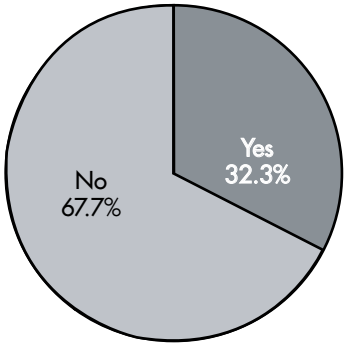


Figure 3.C.2. Percent of Current Smokers Who Have Tried to Quit on Their Own

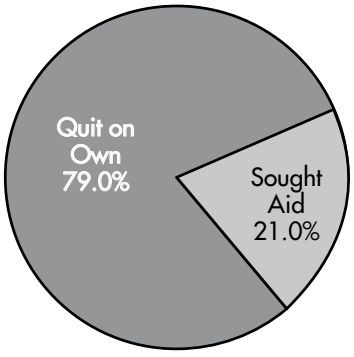
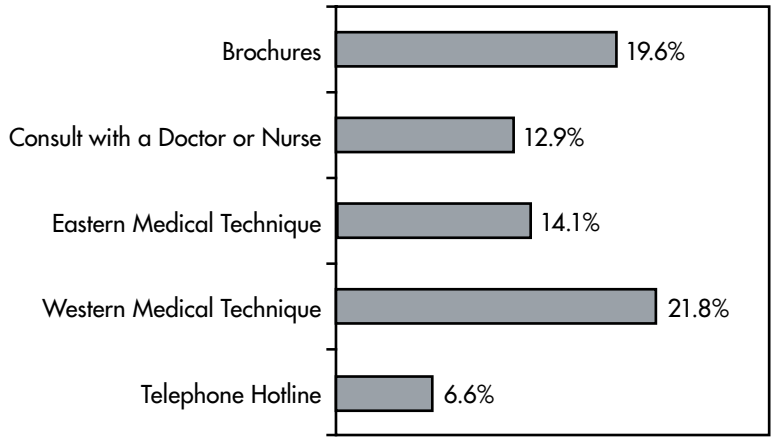


Figure 3.C.3. Type of Assistance Current Smokers Seeking Aid Used in Most Recent Attempt to Quit Smoking



All current smokers were asked whether or not they would *like* to quit smoking. A total of 80.4% of current smokers indicated that they would indeed like to quit (see Figure 3.C.4).

Although a significant number of smokers want to quit, they do not intend to quit in the immediate future. As shown in Figure 3.C.5, just 16.7% of current smokers intended to quit within the next 30 days and an additional 25% wanted to quit in the next six months.

Often smokers are advised to stop smoking by their doctor or another health professional. Several survey questions investigated whether respondents had received advice to stop smoking from a medical professional. As shown in Figure 3.C.6, fewer than half (44.9%) of current smokers had seen a health professional in the past year.

If respondents had seen a health professional in the previous year, they were likely to be told to stop smoking. Figure 3.C.7 shows that of those current smokers who had been to see a health professional within the past year, 54.4% received advice to stop smoking.

Figure 3.C.4. Percent of Current Smokers Who Would Like to Quit

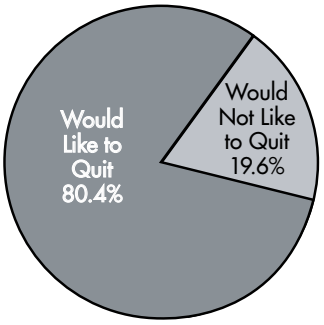


Figure 3.C.5. Current Smokers' Quitting Intentions

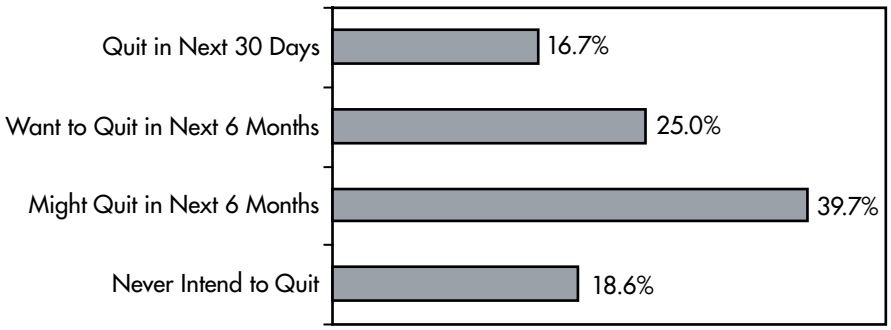


Figure 3.C.6. Percent of Current Smokers Who Had Seen a Health Professional in the Past Year

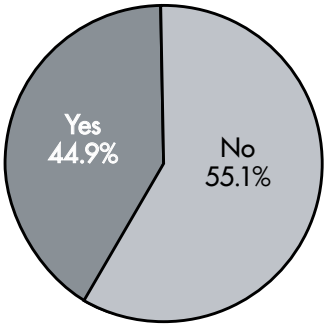
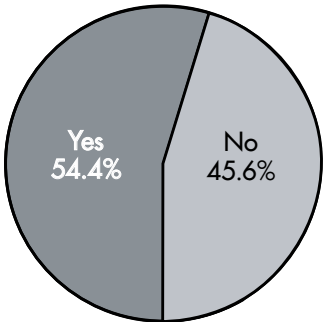


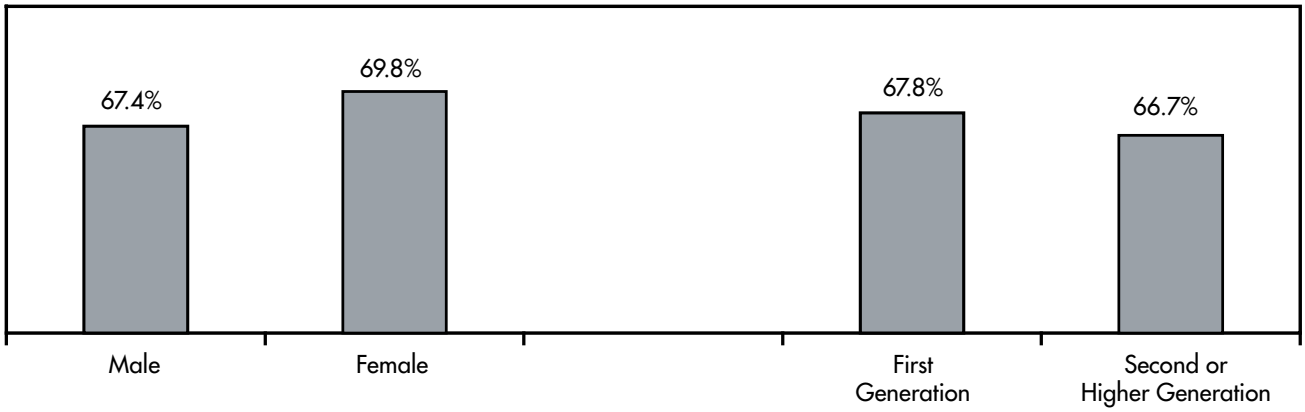
Figure 3.C.7. Percent of Current Smokers Who Saw a Health Professional in the Past Year and Received Advice to Stop Smoking



3.D. Current Smoker Quitting Behavior by Demographics

To understand better which current smokers are likely to want to quit or attempt to quit smoking, a demographic analysis was performed. Specifically, quitting behaviors were examined as a function of gender, age, generation, acculturation, length of time spent in the U.S., language preference, education, and marital status. Two primary survey questions were considered for these analyses: whether the respondent had tried to quit smoking in the previous year, and whether the respondent wanted to quit smoking.

Figure 3.D.1. Percent of Current Smokers Who Have Tried to Quit by Gender and Generation



First, concerning gender, both male and female smokers were likely to have tried to quit smoking; 69.8% of female current smokers and 67.4% of male current smokers reported that they had tried to quit smoking at one time (see Figure 3.D.1). Further, there was little difference as a result of generational status. For both first generation and second or higher generation, about two-thirds of current smokers have tried to quit.

Generally speaking, younger current smokers were more likely to have tried to quit smoking than older current smokers. In the youngest age category (18-24), 77.9% of current smokers had tried to quit smoking, while only 56.5% of current smokers over the age of 64 had tried to quit. These differences in quitting behavior by age are presented in Figure 3.D.2.

Korean Californians' level of acculturation had little effect on quitting behavior, as shown in Figure 3.D.3. Just about two-thirds of assimilated, bilingual, and traditional respondents have tried to quit.

Figure 3.D.2. Percent of Current Smokers Who Have Tried to Quit by Age

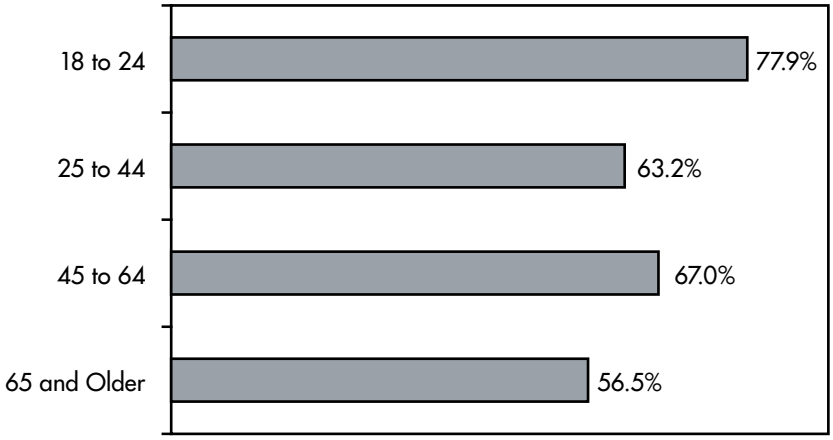
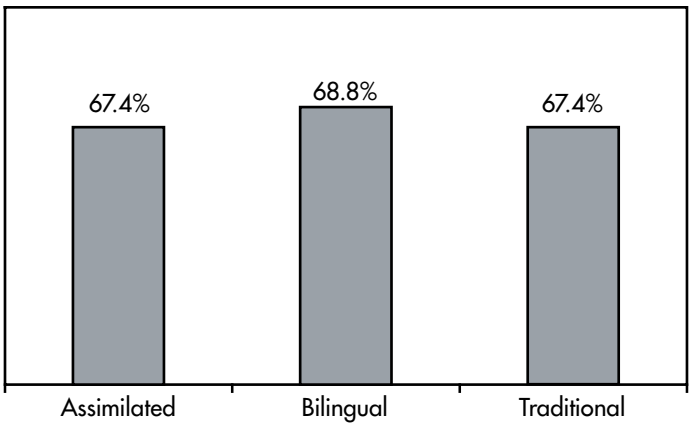


Figure 3.D.3. Percent of Current Smokers Who Have Tried to Quit by Acculturation



Consistent with the findings for acculturation and age, there was no substantial effect of language preference on attempts to quit. Figure 3.D.4 shows the percentage of current smokers who have tried to quit smoking by language preference. An equivalent number of respondents in each group have tried to quit smoking.

Similar to the notion of acculturation is the length of time a respondent has spent in the U.S. As shown in Table 3.D.1, there was not a substantial difference in attempts to quit smoking as a function of the amount of time spent in the U.S. In each category, approximately two-thirds to three-quarters of current smokers had attempted to quit, with differences between the groups falling within the anticipated margin of error for each estimate.

Figure 3.D.4. Percent of Current Smokers Who Have Tried to Quit by Language Preference

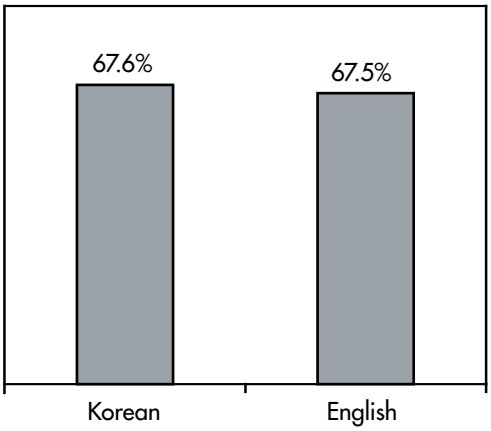


Table 3.D.1. Percent of Current Smokers Who Have Tried to Quit by Percent of Life Spent to Date in the U.S.

Percent of Life Spent to Date in the U.S.	Percent
Less Than 10%	74.0%
10–24%	70.7%
25–49%	62.5%
50–74%	74.3%
75–100%	64.7%

Next, the percent of current smokers who had tried to quit smoking was examined as a function of respondents' education level. Again, there were few substantial differences in the proportion of smokers who had attempted to quit (see Table 3.D.2).

Table 3.D.2. Percent of Current Smokers Who Have Tried to Quit by Education

Education	Percent
No Formal Education	100.0%
Less Than High School Education	71.4%
Completed High School	65.5%
College Graduate	67.5%
Graduate or Professional School	71.0%

In terms of marital status, individuals were most likely to try to quit smoking if they were widowed (80%) or have never been married (72.4%). Divorced or separated respondents were least likely to have tried to quit (47.4%). This information is presented in Figure 3.D.5.

Although an individual may not have explicitly tried to quit smoking in the previous year, he or she may still have a desire to quit smoking. To understand respondents' intentions toward quitting smoking, respondents' answers to the question, "Would you like to quit smoking?" were examined as a function of key demographics.

Figure 3.D.5. Percent of Current Smokers Who Have Tried to Quit by Marital Status

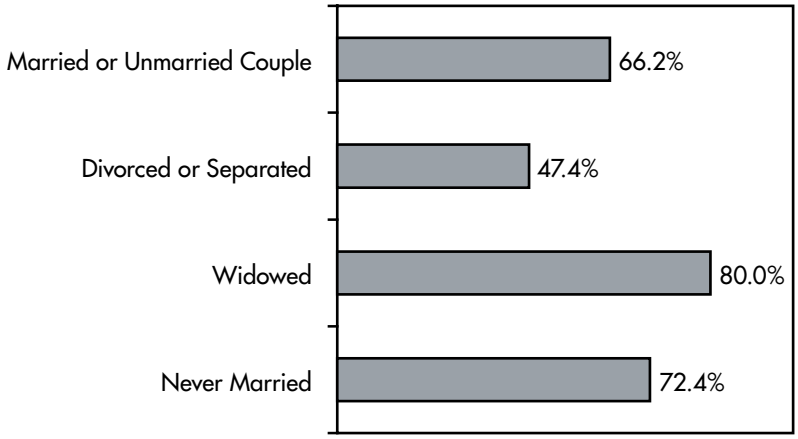


Figure 3.D.6. Percent of Current Smokers Who Would Like to Quit by Gender and Generation

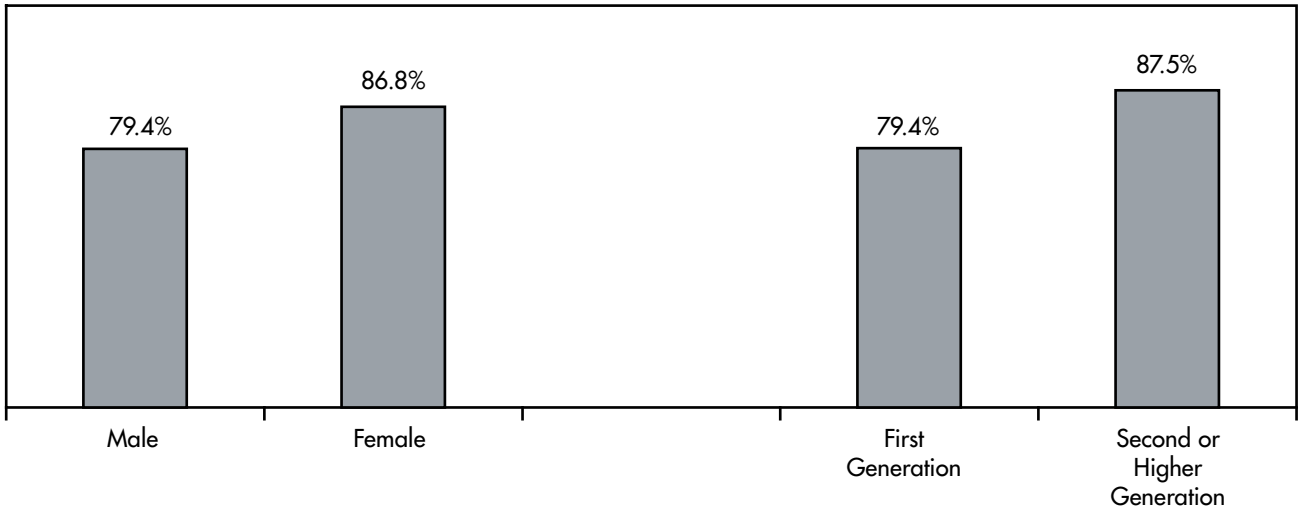


Figure 3.D.6 presents the percentage of current smokers who would like to quit smoking by gender. Although female current smokers were no more likely than males to have *tried* to quit smoking (see Figure 3.D.1), females were more likely to *want* to quit smoking (86.8%) than males (79.4%). Similarly, although generation was not related to respondents' attempts to quit smoking, there does seem to be an effect of generation on desire to quit smoking. Also shown in Figure 3.D.7, current smokers who were first generation Korean (not born in the U.S.) were less likely to want to quit smoking (79.4%) than current smokers who were second or higher generation Korean (87.5%).

In terms of age, the oldest current smokers were least likely to want to quit smoking. Across all age categories, more than 80% of current smokers indicated that they want to quit. However, among respondents in the oldest age category, 65 and older, 69.6% of respondents wanted to quit. The results by age group are presented in Figure 3.D.7.

Apart from generation, the acculturation status of current smokers was examined in terms of respondents' desire to quit smoking. As shown in Figure 3.D.8, there was not a significant difference in the proportion of current smokers who would like to quit in terms of acculturation.

Unlike acculturation status, language preference seems to be related to a desire to quit. Current smokers who preferred to speak English were more likely to want to quit smoking (85.7%) than smokers who preferred to speak Korean (78.7%).

Figure 3.D.7. Percent of Current Smokers Who Would Like to Quit by Age

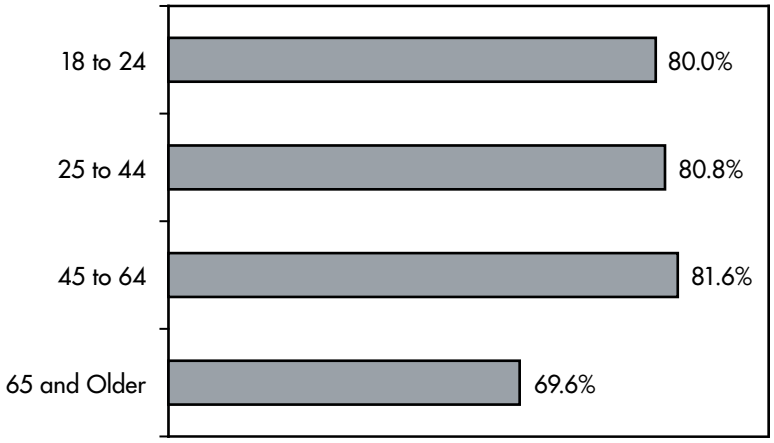


Figure 3.D.8. Percent of Current Smokers Who Would Like to Quit by Acculturation

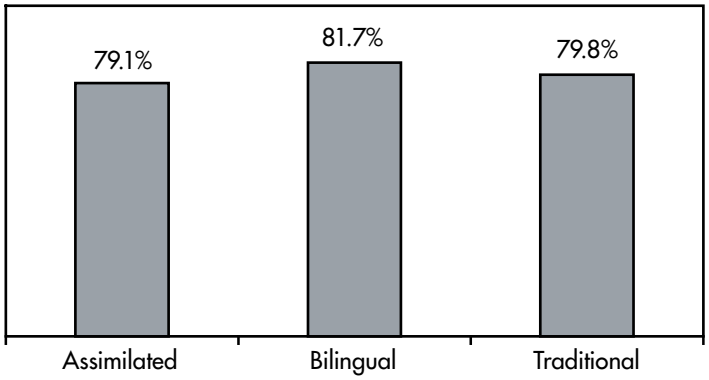
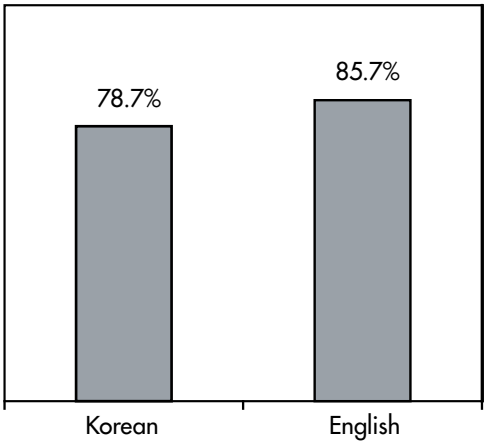


Figure 3.D.9. Percent of Current Smokers Who Would Like to Quit by Language Preference



In terms of proportion of life spent in the U.S., Table 3.D.3 seems to show a general pattern in which current smokers who had spent a large percentage of their lives in the U.S. were more likely to want to quit smoking than those who had spent a very small percentage of their lives in the U.S. However, these differences still fall within the expected margin of error for these small sample sizes.

Table 3.D.3. Percent of Current Smokers Who Would Like to Quit by Percent of Life Spent to Date in the U.S.

Percent of Life to Date Spent in the U.S.	Percent
Less Than 10%	78.4%
10–24%	75.7%
25–49%	78.7%
50–74%	83.3%
75–100%	86.6%

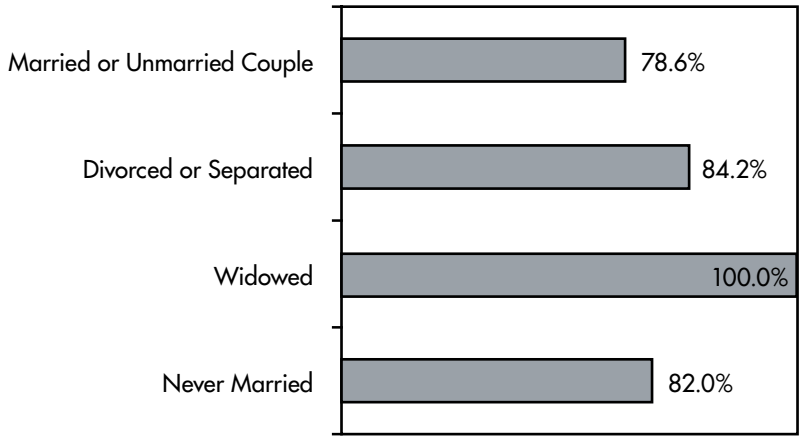
Considering respondents' level of education and reported desire to quit smoking, there is not a clear relationship between the two variables. Table 3.D.4 does not show any apparent trend when considering the percent of current smokers who would like to quit smoking by their education level. For all education levels, more than three-quarters of current smokers would like to quit.

Table 3.D.4. Percent of Current Smokers Who Would Like to Quit by Education

Education	Percent
No Formal Education	100.0%
Less Than High School Education	50.0%
Completed High School	80.0%
College Graduate	81.2%
Graduate or Professional School	83.9%

Finally, current smokers' desire to quit was examined as a function of marital status. As presented in Figure 3.D.10, more than three-quarters of respondents in all groups indicated they would like to quit. Widowed respondents were most likely to want to quit, with 100% of respondents in this category indicating a desire to quit.

Figure 3.D.10. Percent of Current Smokers Who Would Like to Quit by Marital Status



CHAPTER 4 Current Smoker Purchasing Behavior

Increases in the cost of cigarettes have been associated with a decrease in per capita cigarette consumption.[14] To better understand whether individuals are concerned about the price they pay for cigarettes, and if this concern in turn relates to an intention to quit smoking, a series of survey questions addressed these issues.

4.A. Purchasing Habits

Current smokers were asked how much they usually paid for a pack of cigarettes. Shown in Figure 4.A.1, more than half of respondents (53.2%) usually paid $3 to $4 per pack, while another 35.9% paid $4 to $5. Only 1.1% of current smokers usually paid more than $5 for a pack of cigarettes.

Figure 4.A.2 shows the amount current smokers reported that they usually paid for a *carton* of cigarettes. Over one-quarter (26.2%) of all current smokers reported paying $25 to $30 per carton, and another 56.6% reported that they usually paid $30 to $35 for a carton of cigarettes. Just 4.4% paid more than $35 per carton.

Approximately 23% of current smokers reported that they took advantage of coupons, rebates, or other special offers the last time they purchased cigarettes. This is presented in Figure 4.A.3.

Current smokers were asked what type of cigarette they usually smoked-lights, menthols, or regular cigarettes. Figure 4.A.4 shows that current smokers were much more likely to smoke light cigarettes (67.9%) than regular cigarettes (26.9%), while 5.2% usually smoked menthol cigarettes.

Figure 4.A.1. Amount Current Smokers Usually Pay for a Pack of Cigarettes

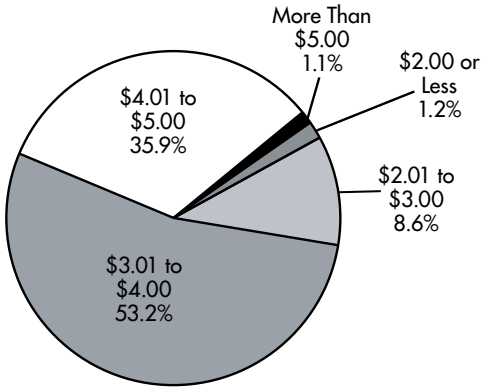


Figure 4.A.2. Amount Current Smokers Usually Pay for a Carton of Cigarettes

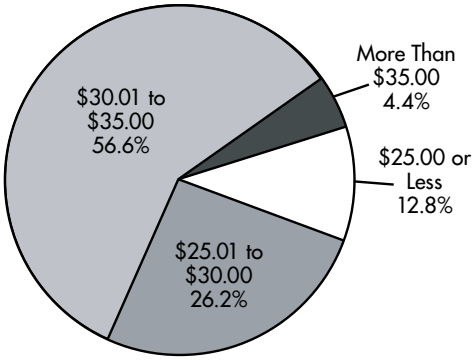


Figure 4.A.3. Percent of Current Smokers Who Took Advantage of Coupons, Rebates, or Other Special Offers the Last Time They Purchased Cigarettes

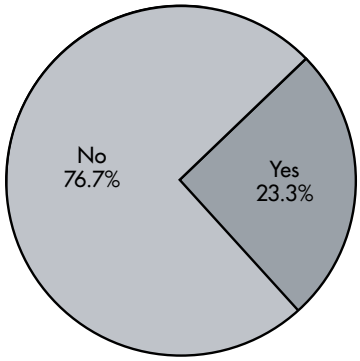
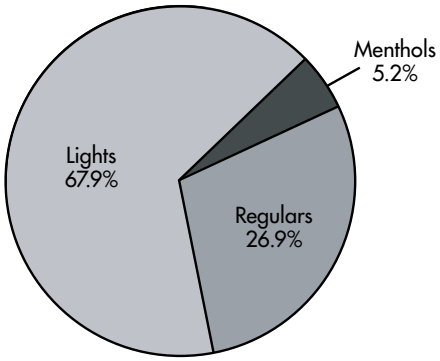


Figure 4.A.4. Type of Cigarette Current Smokers Usually Smoke



[14] Department of Health Services, Tobacco Control Section. *Cigarette Consumption Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/Consumption.pdf

Table 4.A.1 presents the brands of cigarettes current smokers reported that they usually smoked. Almost three-quarters of all current smokers (72.7%) reported that they smoked Marlboro brand cigarettes. Very few usually smoked a Korean brand of cigarettes (3.3%), but 9% usually smoked a Chinese brand.

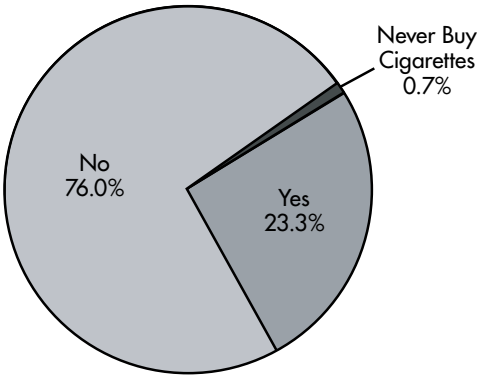
Table 4.A.1. Brand of Cigarette Current Smokers Usually Smoke

Brand	Percent
555	2.1%
Benson and Hedges	1.5%
Camel	3.9%
Carlton	0.2%
Kent	1.0%
Kool	0.1%
Marlboro	72.7%
Merit	0.4%
Mild Seven	0.3%
Newport	1.6%
Pall Mall	0.1%
Salem	0.8%
Virginia Slims	2.1%
Winston	0.8%
Chinese Brand	9.0%
Korean Brand	3.3%
Total	100%

4.B. Concerns About the Cost of Cigarettes

When asked whether or not they worried about the amount of money they spent on cigarettes, 76% of current smokers reported that they did *not* worry about these costs.

Figure 4.B.1. Percent of Current Smokers Who Worry About the Amount of Money They Spend on Cigarettes



4.C. Relationship Between Cost of Cigarettes and Quitting Behavior

To investigate whether spending more money for cigarettes increases smokers' desire to quit smoking, current smokers' quitting behaviors were examined as a function of the amount that they usually spent on a pack of cigarettes (see Table 4.C.1). Although smokers who paid between $2 and $4 per pack were less likely to have tried to quit than smokers who paid $4 to $5 per pack, there was no significant difference between these groups in desire to quit smoking. However, the small number of smokers who pay extremely high and extremely low prices per pack make it difficult to determine whether a statistically significant relationship exists between these variables.

Table 4.C.1. Quitting Behavior by Cost of Cigarettes

Amount Usually Paid for Pack of Cigarettes	Quitting Behavior	
	Tried to Quit in Last Year	Would Like to Quit
$2.00 or Less	50.0%	100.0%
$2.01 to $3.00	46.4%	79.3%
$3.01 to $4.00	62.8%	79.9%
$4.01 to $5.00	80.7%	82.4%
More Than $5.00	25.0%	100.0%

Table 4.C.2 presents the quitting behavior of current smokers by whether or not they worried about the amount of money they spent on cigarettes. For Korean current smokers, there does not seem to be a relationship between concern over the cost of cigarettes and either attempts to quit or desire to quit.

Table 4.C.2. Quitting Behavior by Worry Over Cost of Cigarettes

Worried About the Amount of Money Spent on Cigarettes	Quitting Behavior	
	Tried to Quit in Last Year	Would Like to Quit
Yes	63.6%	80.5%
No	68.9%	80.3%

CHAPTER 5 Household Smoking Behavior

In California, an increasing number of individuals have begun to restrict smoking in their homes. For example, from 1994 to 2001, the percentage of nonsmokers who prohibit smoking in their homes increased by 25%. Furthermore, over twice as many smokers prohibited smoking in their homes in 2001 as were found to do so in 1994.[15] This growing trend is important and protects nonsmokers, children, pregnant women, the elderly, and other vulnerable individuals from the detrimental effects of SHS-a known carcinogen.

5.A. Smoking Behavior of Other Household Members

Respondents were asked how many household members other than themselves currently smoked. Their responses are presented in Figure 5.A.1. In 76.9% of respondents' households, no other members of the household smoked. In 18.3% of households, one other person in the household currently smoked. A total of 0.8% of respondents lived in a household where three or more other household members were smokers.

The following table gives a breakdown of the number of other household members who smoked by the number of adults in the household. Not surprisingly, households with more adults have larger percentages of other household members who smoke. Interestingly, this table indicates the existence of underage smokers within some of the households. For example, of the households that have only one adult present, 10.8% reported having at least one other household member who smokes.

Figure 5.A.1. Number of Other Household Members Who Currently Smoke

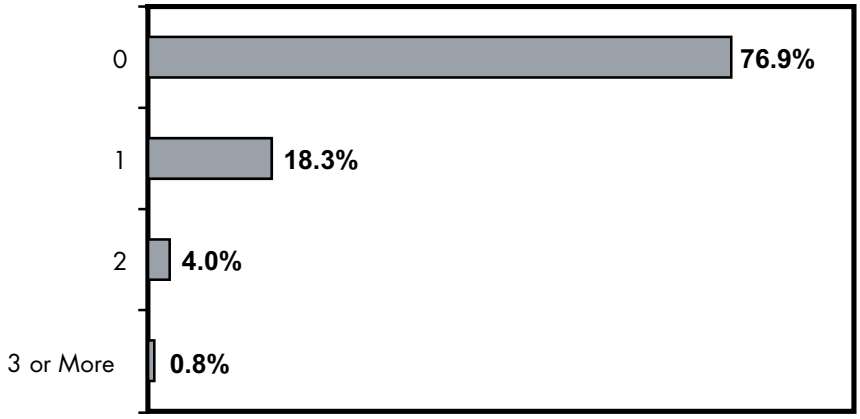


Table 5.A.1. Number of Other Household Members Who Currently Smoke by the Number of Adults in the Household

How Many Other Household Members Currently Smoke?	Number of Adults in Household				
	1	2	3	4	5 or More
0	89.3%	82.3%	70.1%	70.5%	59.7%
1	8.6%	16.5%	22.5%	20.8%	26.3%
2	1.8%	1.2%	6.8%	5.7%	11.8%
3 or More	0.4%	0.0%	0.6%	3.0%	2.2%
Total	100%	100%	100%	100%	100%

[15] Department of Health Services, Tobacco Control Section. *Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf

5.B. Relationship Between Smoking Behavior and Number of Smoking Household Members

Current smokers were much more likely to live in a household with others who smoked than former smokers or never smokers. More than one-third (34.7%) of current smokers lived in a household with at least one other smoker, while only 16.9% of never smokers and 10% of former smokers lived with others in the household who smoked. These statistically significant group differences ($p<0.001$) are presented in Table 5.B.1.

Table 5.B.1. Number of Other Household Members Who Currently Smoke by Smoking Status

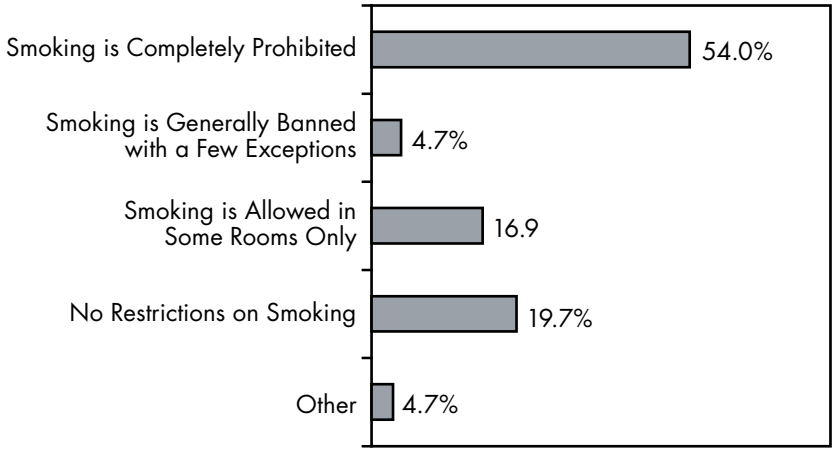
Number of Other Household Members Who Currently Smoke	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
0	79.7%	88.6%	50.6%
1	16.9%	10.0%	34.7%
2	3.1%	1.2%	11.3%
3 or More	0.4%	0.2%	3.3%
Total	100%	100%	100%

5.C. Household Smoking Restrictions

Although smoking can be banned in public places, smoking in individuals' households cannot be regulated in such a manner. To protect children and other household members from the effects of SHS, it is incumbent upon individuals to place such restrictions on their own households.

To understand respondents' attitudes toward smoking in their homes, respondents were asked whether or not smoking was prohibited in their households. For most respondents this was indeed the case. Figure 5.C.1 shows that in 54% of respondents' households, smoking was completely prohibited. This is higher than the 49% of all California residents who reported living in smoke-free households in the 2002 CTS. In approximately 19.7% of Korean households, however, there were no restrictions on smoking. This is slightly fewer than the 23.7% of all California households that reported no restrictions in the 2002 CTS.

Figure 5.C.1. Smoking Rules in the Household



For some individuals, responses indicate that smoking was allowed in the area outside the home. For others this question was not applicable because respondents never had smokers in the house. Such cases are reflected in the "other" category in Figure 5.C.1.

Although smoking was completely prohibited in a clear majority of respondents' households (see Figure 5.C.1 above), 87.3% of respondents reported that no one ever smoked inside their homes. This is shown in Figure 5.C.2.

In those households where smoking was not completely prohibited, respondents were asked whether or not they intended to completely ban smoking sometime in the future. In 50.4% of those respondents' households, smoking was expected to be banned within six months. In another 18.3% of those households, smoking was expected to be banned sometime in the future. For almost one-third of respondents, there was no intention to ban smoking in their households. These results are summarized in Figure 5.C.3.

Figure 5.C.2. Percent of Households Where Anyone Ever Smokes Inside the Home

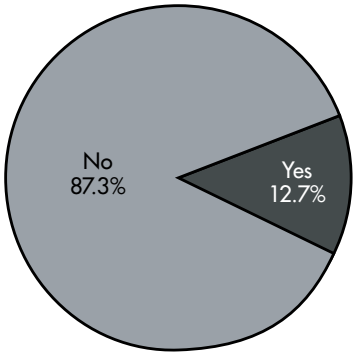
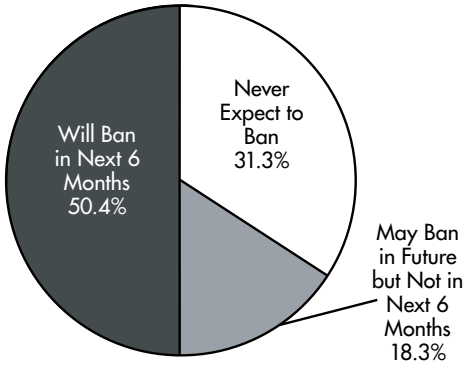


Figure 5.C.3. Intentions for Completely Banning Smoking in the Household



In terms of who makes smoking rules for a household, 51.7% of respondents reported that they made the smoking rules in their households themselves. Another 12.3% reported that their partners or spouses made the rules, while 11.5% reported that either one or both of their parents made the smoking rules in the household. Approximately 6.1% of respondents reported that the whole family was involved in making the rules. These results are summarized in Table 5.C.1.

Table 5.C.1. Who Makes the Smoking Rules in the Household?

	Percent
Myself	51.7%
Partner/Spouse	12.3%
Me and My Spouse/Partner	2.0%
Mother	6.4%
Father	5.1%
Both Parents	1.3%
Grandmother	0.2%
Grandfather	0.2%
Both Grandparents	0.0%
Whole Family/Everyone	6.1%
Roommate	0.4%
Not Necessary/No one Smokes/No Rules	9.6%
Other	4.8%
Total	100%

5.D. Relationship Between Smoking Behavior and Restrictions

To investigate the extent to which differences in household smoking restrictions impact smoking behavior, smoking restrictions were compared for current, former, and never smokers. Current smokers were less likely to prohibit smoking in their homes completely, but were no more likely than never smokers or former smokers to have no restrictions on smoking. That is, the proportion of current smokers who prohibit smoking completely (18.2%) was comparable to the proportion of never smokers (20.5%) and former smokers (23.6%) who also prohibit smoking in their homes. The key difference between these groups appears to lie in where smoking is permitted. Current smokers were not more likely to allow smoking everywhere in a household but rather were more likely to have restrictions in place allowing smoking in only some rooms (see Table 5.D.1). Group differences are statistically significant ($p<0.001$).

Table 5.D.1. Smoking Restrictions by Smoking Status

Smoking Restrictions in the Household	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Smoking is Completely Prohibited	58.7%	61.6%	42.3%
Smoking is Generally Banned with a Few Exceptions	5.1%	2.9%	7.0%
Smoking is Allowed in Some Rooms Only	15.8%	12.0%	32.5%
No Restrictions on Smoking	20.5%	23.6%	18.2%
Total	100%	100%	100%

As established, in about one-fifth of households for never smokers, former smokers, and current smokers, there were no restrictions on smoking. But the reasons for the lack of restrictions on smoking may be different for each group. For example, current smokers may not restrict smoking to accommodate their own smoking behaviors whereas never or former smokers may have no formal restrictions on smoking because no one in the household smokes, making such restrictions unnecessary.

Along these same lines, Table 5.D.2 shows the percentage of respondents' households in which someone ever smokes inside the home by the respondents' smoking status. Current smokers (31.3%) were most likely to live in a household where someone smoked inside the home. Conversely, almost all of never smokers (89.8%) and former smokers (93.5%) reported no one ever smoked inside their homes. Group differences are statistically significant, $p<0.001$.

Table 5.D.2. Smoking in the Home by Smoking Status

Does Anyone Ever Smoke Inside the Home?	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Yes	10.2%	6.5%	31.3%
No	89.8%	93.5%	68.7%
Total	100%	100%	100%

Current smokers were no more likely to expect to ban smoking in their households in the next six months than never or former smokers. However, current smokers were more likely than never or former smokers to indicate they may ban smoking sometime in the future. This statistically significant group difference ($p<0.003$) is presented in Table 5.D.3.

Table 5.D.3. Intentions of Banning Smoking by Smoking Status

Intentions of Completely Banning Smoking Inside the Household	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Never Expect to Ban	32.1%	38.0%	25.1%
May Ban in the Future but Not in the Next 6 Months	16.3%	12.4%	27.2%
Will Ban in the Next 6 Months	51.6%	49.6%	47.6%
Total	100%	100%	100%

5.E. Relationship Between Smoking Behavior and Household Member Making Smoking Decisions

To investigate further the relationship between smoking behavior and rules against smoking in the household, Table 5.E.1 summarizes respondents' reports of who made the smoking rules in the household as a function of the smoking status of the respondents. Most respondents set the rules themselves, and this was the case for just about half of never, former, and current smokers. Former smokers were slightly more likely than the other two groups to set the smoking rules themselves. Group differences are statistically significant ($p<0.001$).

Table 5.E.1. Who Makes Smoking Rules by Smoking Status

Who Makes Smoking Rules in the Household?	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Myself	50.2%	58.0%	50.9%
Partner/Spouse	12.5%	11.4%	12.9%
Me and My Spouse/Partner	1.9%	3.0%	0.9%
Mother	6.1%	3.8%	10.3%
Father	5.0%	2.5%	8.3%
Both Parents	1.4%	0.5%	2.0%
Grandmother	0.2%	0.3%	0.0%
Grandfather	0.2%	0.5%	0.0%
Both Grandparents	0.0%	0.0%	0.0%
Whole Family/Everyone	6.7%	6.0%	3.7%
Roommate	0.4%	0.0%	0.6%
Not Necessary/No One Smokes/No Rules	10.4%	10.1%	6.0%
Other	5.2%	3.8%	4.3%
Total	100%	100%	100%

CHAPTER 6 Smoking Outside of Home

The State of California has enacted laws to protect individuals from the effects of SHS in the workplace and in other public places. In 1995, the California Smoke-Free Workplace Law took effect, banning smoking in most indoor workplaces. As a result, by 1999, 93% of California adults working indoors were protected from the negative effects of SHS. Furthermore, on January 1, 1998, smoking was prohibited in bars in the state of California. Since that time, there has been an increase in the number of patrons reporting approval of the smoke-free bar law and a decrease in the amount of patron-reported noncompliance with the law.[16]

To investigate rates of exposure to SHS for this particular population, a series of survey questions investigated exposure to SHS in the workplace and other places outside the home for Korean-Californian adults.

6.A. Smoking Behaviors in the Workplace[17]

As shown in Figure 6.A.1, 90.9% of Korean workers work in a building that is completely smoke-free indoors. This is slightly below the 95.4% of all California workers who reported working in smoke-free workplaces in the 2002 CTS.

The 9% of respondents who worked in a building where smoking was permitted were asked *where* smoking was allowed. These responses are shown in Table 6.A.1. Approximately 42.4% reported that smoking was allowed in any indoor work area in their building. Additionally, 40.7% reported that smoking was allowed in a special smoking room or lounge; 19% reported that smoking was allowed in the break room or cafeteria; and 24.1% reported that smoking was allowed in the hallway or lobby of the building.

Workers were also asked if smoking was permitted outside their buildings, and a much larger proportion of respondents indicated this was the case. A large majority, 81.3%, reported that smoking was allowed close to building entrances. Also, 58.5% of workers reported that there was a special area on the property where smoking was allowed.

Figure 6.A.1. Percent of Workers Who Work in a Building that is Completely Smoke-Free Indoors

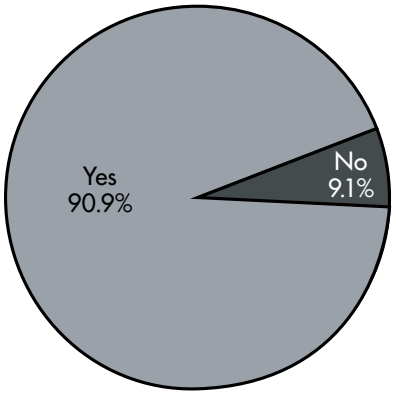


Table 6.A.1. Smoking Allowed in Work Areas

Area Where Smoking is Allowed	Percent
Indoor Work Areas	42.4%
Special Smoking Room or Lounge	40.7%
Break Room or Cafeteria	19.0%
Hallway or Lobby	24.1%
Close to Entrance Outside	81.3%
Special Area on the Property	58.5%

[16] Department of Health Services, Tobacco Control Section. *Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://ww.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf.

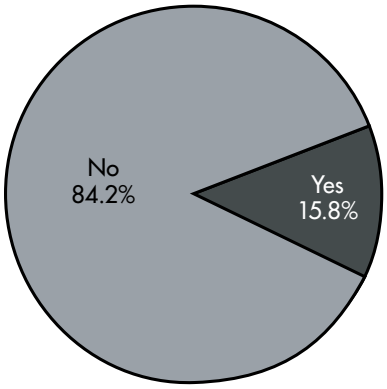
[17] Note that all of the percentages given for section 6.A. and 6.B.are for "percent of *workers*" not "percent of sample." Individuals who did not currently work outside the home are not included in these percentages.

Thus, to summarize, fewer than 10% of workers indicated their workplace was not smoke-free indoors. But in many more workplaces, smoking was permitted outside the building, most commonly close to entrances or on a special area on the property.

6.B. Smoking Exposure at Work

To determine the extent to which respondents are being exposed to smoke in the workplace, they were asked, "During the past two weeks has anyone smoked in the area in which you work?" As shown in Figure 6.B.1, 15.8% of respondents had been exposed to smoke in their work area in the past two weeks. This is slightly above the 12% of all California workers reporting SHS exposure at their workplace in the 2002 CTS.

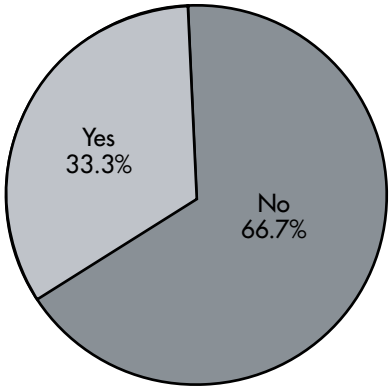
Figure 6.B.1. Exposure to Smoke in Work Area in the Past Two Weeks



6.C. Smoking Exposure Elsewhere

Respondents were asked whether or not they are exposed to tobacco smoke in places other than home or work, and where such exposure tends to occur. About two-thirds of respondents (66.7%) reported that they were not often exposed to other people's tobacco smoke in places other than work or home. This is shown in Figure 6.C.1.

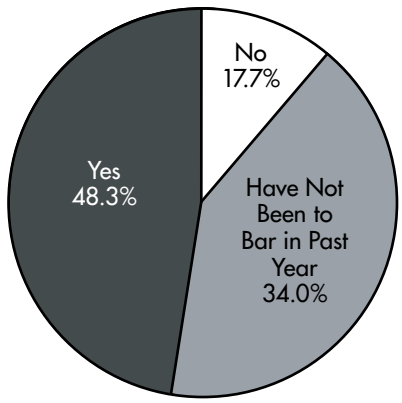
Figure 6.C.1. Percent of Respondents Often Exposed to Other People's Tobacco Smoke at Places Other Than Work or Home



The most common place in which respondents were last exposed to other people's tobacco smoke was a restaurant (16.9%), followed by a street or outside a building (14.1%), public parks or outdoors (9.4%), a bar or tavern (7.8%), and another person's home (7.6%). This information is presented in Table 6.C.1. Interestingly, in the 2002 CTS, California residents reported more exposure to SHS in public parks and outdoors (roughly 40%) than in restaurants (roughly 13%).

Of those respondents who had been to a California bar in the past year, 48.3% (45.7% of all respondents) reported that the bar was smoke-free. About a third of all respondents (34%) had not been to a bar in the past year. This is shown in Figure 6.C.2.

Figure 6.C.2. Last Bar, Tavern, or Night Club Visited was Smoke-Free



Of those who had been to a bar in the past year, 53.4% reported that the ethnic majority of other customers in the last bar, tavern, or nightclub they visited was Korean. Another 5.7% of respondents reported that the ethnic majority of the bar was either Chinese or other Asian ethnicities.

Table 6.C.1. Place Where Last Exposure to Tobacco Smoke Occurred

	Percent
Restaurant	16.9%
Restaurant Bar	3.2%
Bar or Tavern	7.8%
Club or Nightclub	0.3%
Pool Hall	1.1%
Shopping Mall	5.0%
Public Park or Outdoors	9.4%
Street or Outside a Building	14.1%
Community Event	0.9%
Sports Event	1.7%
Other Person's Home	7.6%
Other Person's Automobile	3.9%
Game Room, Casino, or Bingo Hall	2.3%
School or On Campus	7.1%
Other	18.8%
Total	100%

Figure 6.C.3. Ethnic Majority of Other Customers at Last Bar, Tavern, or Nightclub Visited

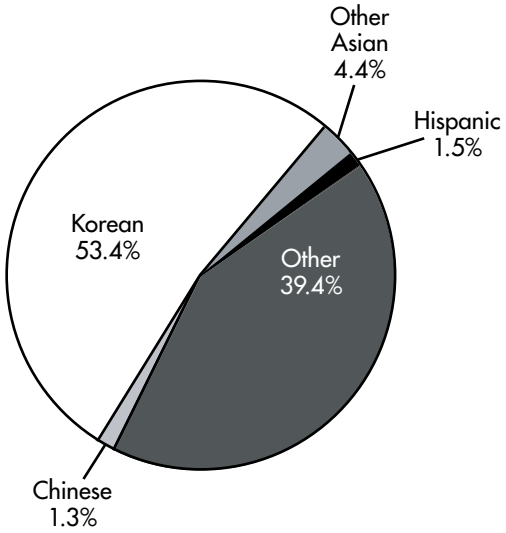


Figure 6.C.4 presents the percent of bars that were **not** smoke-free by the ethnic majority of the bar customers. Respondents visiting bars with "other Asian" patrons as the ethnic majority (not Korean or Chinese) reported that these bars were **not** smoke-free about 8% more often than respondents visiting bars with Chinese and 13% more often for Hispanic as the ethnic majority.

When asked about the amount of time they were exposed to other people's tobacco smoke in the past week, 50.6% of respondents reported that they had not been exposed to the tobacco smoke of others at all. Still, 22% had been exposed to 30 minutes or less of others' tobacco smoke. Only 7.7% had been exposed to five or more hours of other people's tobacco smoke in the previous week. This is presented in Figure 6.C.5.

Figure 6.C.4. Smoking Status of Bar by the Ethnic Majority of Other Customers

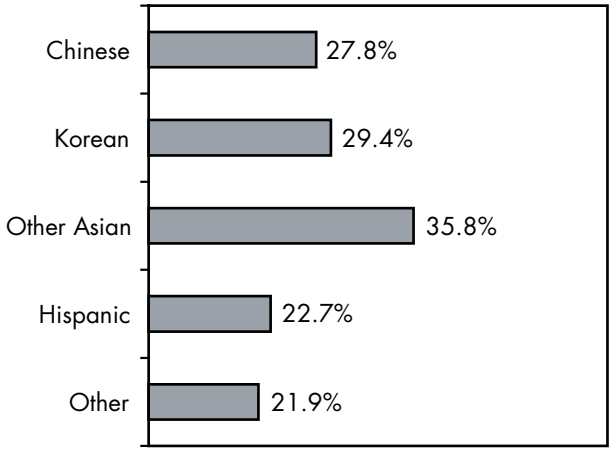
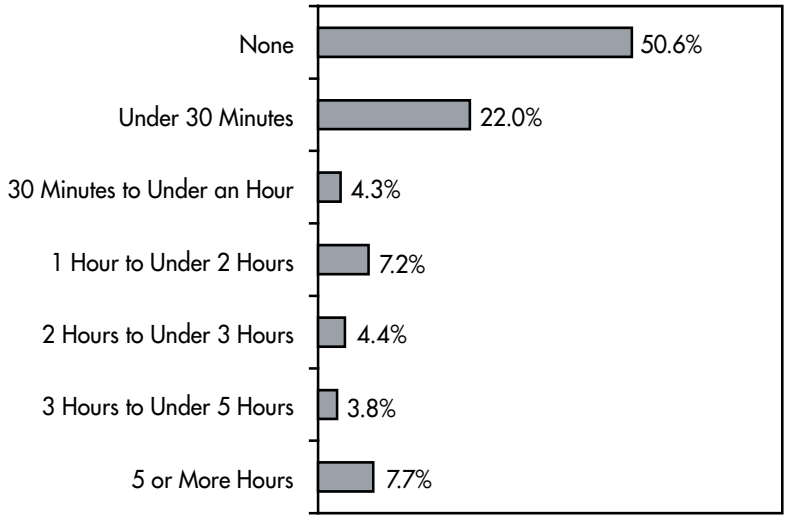


Figure 6.C.5. Amount of Time Exposed to Other People's Tobacco Smoke in the Past Week



CHAPTER 7 Media

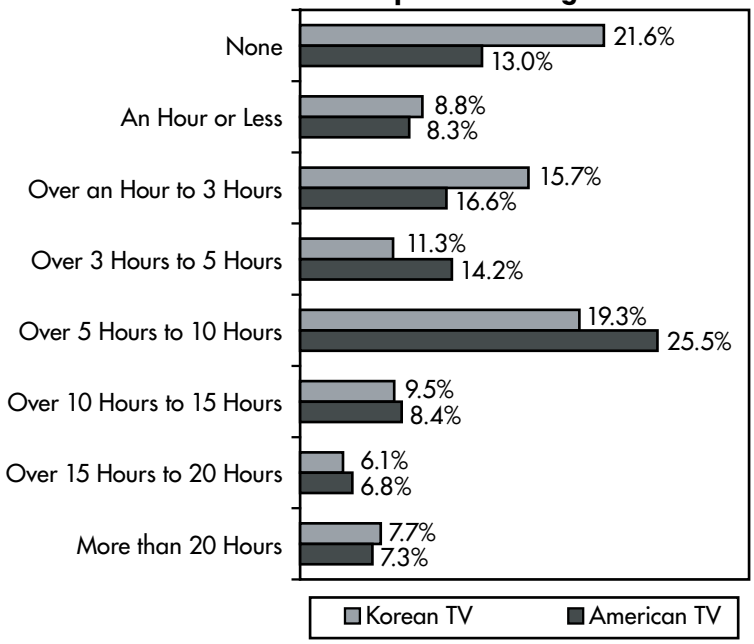
Understanding respondents' media preferences is an important aspect in designing media campaigns to deliver anti-smoking messages. To this end, a series of survey questions investigated respondents' media use behaviors. Specifically, questions asked respondents about the amount of time per week they spent watching TV, listening to the radio, and reading the newspaper. Further, the survey asked respondents to specify whether they viewed, read, or listened to American or Korean media.

Additionally, the survey attempted to assess respondents' awareness of anti-smoking messages in the American and Korean media. California's TEMC utilizes hard-hitting paid advertising and public service announcements in both American and Korean media to communicate the dangers of tobacco use and SHS with in-language and culturally-relevant advertising.[18]

7.A. Television Behavior

Figure 7.A.1 shows the amount of time per week respondents reported watching Korean and American TV. Only one-fifth of respondents (21.6%) indicated that they did not watch any Korean TV at all, but those who did watch Korean TV seemed to do so in moderation. About 46.3% total watched between one to ten hours per week. When asked about the amount of time per week they watched American TV, the results were comparable. Although just 13% of respondents reported that they watched no American TV, 56.3% watched between one and ten hours per week.

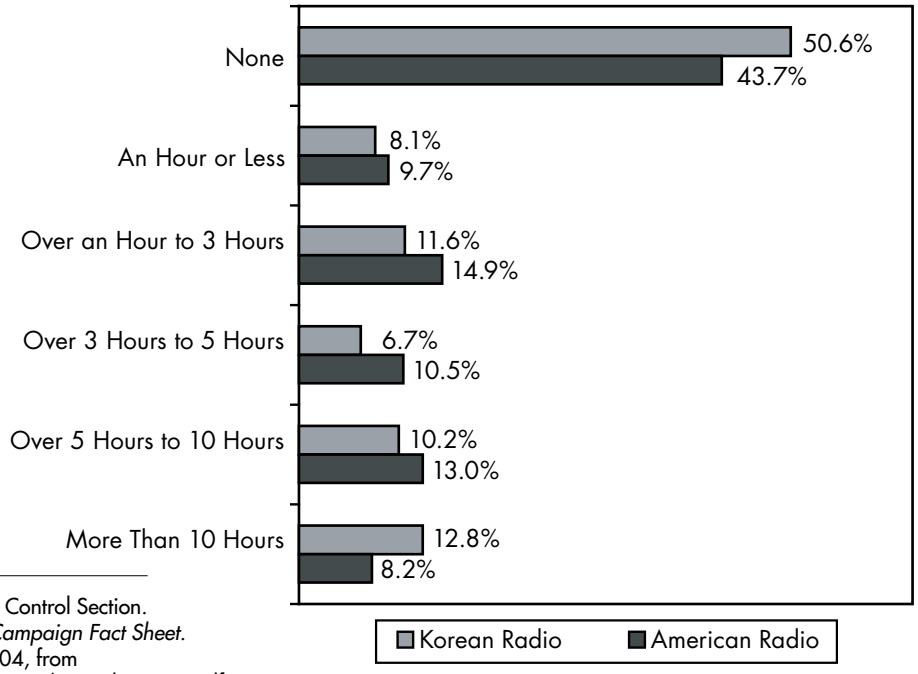
Figure 7.A.1. Amount of Time per Week Spent Watching Television



7.B. Radio Behavior

Next, respondents were asked about the time they spent listening to the radio. This is shown in Figure 7.B.1. Korean radio was not a commonly used media source. About half of all respondents (50.6%) reported that they did not listen to Korean radio at all. Altogether, 28.5% of respondents listened to Korean radio between one and ten hours per week.

Figure 7.B.1. Amount of Time per Week Spent Listening to Radio



[18] Department of Health Services, Tobacco Control Section. *California's Tobacco Education Media Campaign Fact Sheet.* Sacramento, CA. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/FSMediaCamp.pdf.

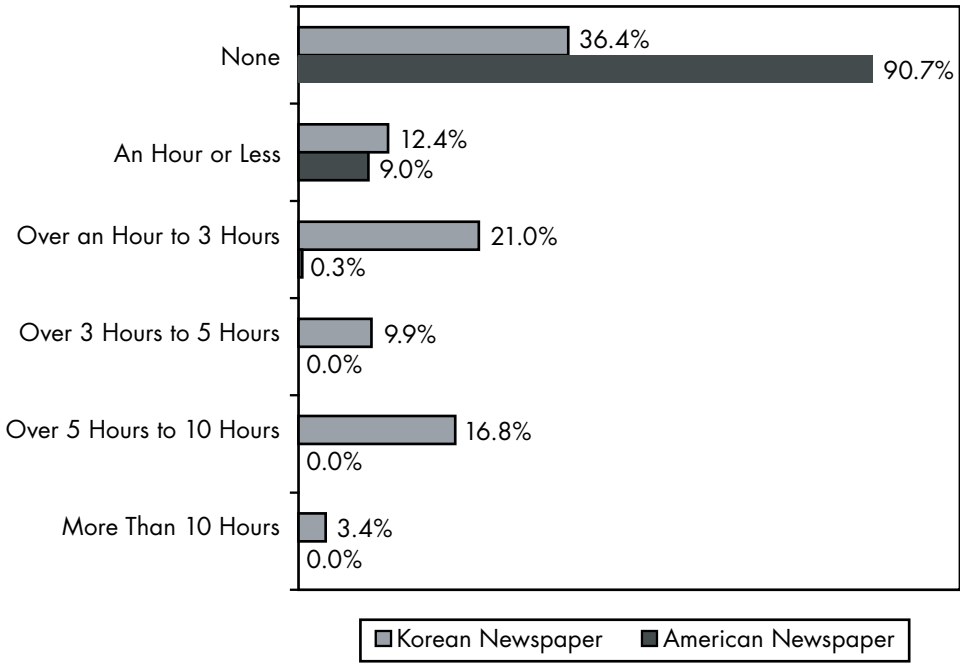
Respondents were somewhat more likely to listen to American radio. Even though 43.7% did not listen to any American radio, 38.4% listened between one and ten hours of American radio per week.

7.C. Newspaper Behavior

Respondents were also asked about the amount of time each week that they spent reading the newspaper. Generally, Korean newspapers were read more often than American newspapers. As shown in Figure 7.C.1, 36.4% of respondents did not read Korean newspapers at all. Still, 21% of respondents spent between one and three hours per week reading Korean newspapers and 16.8% spent between five and ten hours per week reading them.

Comparatively, fewer respondents read American newspapers. A large majority (90.7%) of respondents reported that they did not read American newspapers at all, while another 9% read American newspapers for an hour or less each week.

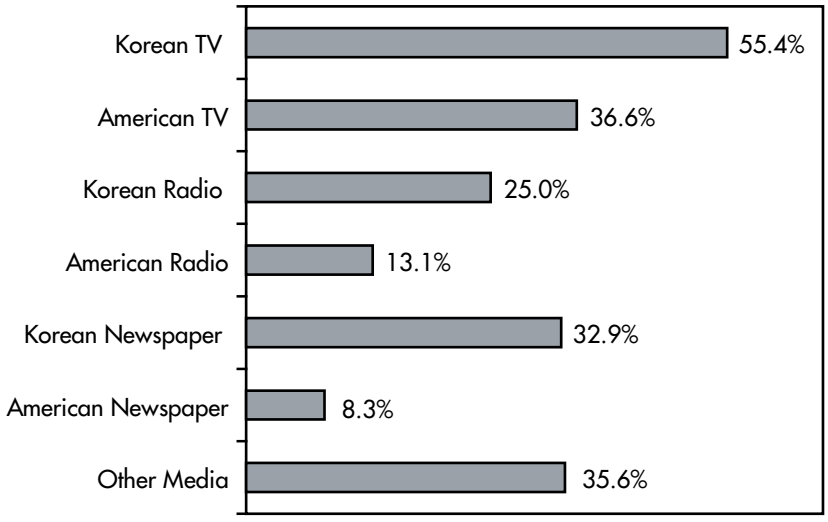
Figure 7.C.1. Amount of Time per Week Spent Reading Newspapers



7.D. Heard or Seen Anti-Smoking Message

To assess exposure to anti-smoking messages in the media, respondents were asked if they had heard or seen an anti-smoking message in the past 30 days in any of the following types of media: Korean TV, American TV, Korean radio, American radio, Korean newspaper and/or American newspaper. More respondents reported that they had been exposed to anti-smoking messages on Korean TV (55.4%) than through any other type of media. About one-third of respondents had seen or heard anti-smoking messages on American TV (36.6%) and in the Korean newspaper (32.9%). Respondents were least likely to have been exposed to an anti-smoking message while reading an American newspaper (8.3%). These results are summarized in Figure

Figure 7.D.1. Percent Exposed to Anti-Smoking Messages in the Past 30 Days

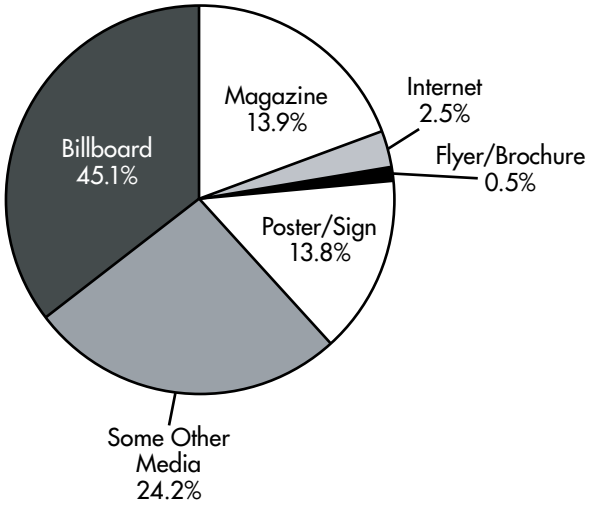


7.D.1. Note that multiple responses to this question were permitted, so these percentages will not sum to 100%.

Figure 7.D.2 shows the statistical breakdown of "other media" presented in Figure 7.D.1 above. Just under half (45.1%) of all respondents who reported that they had seen or heard an anti-smoking message in someplace other than the TV, radio, or newspaper were referring to a billboard. Magazines (13.9%) and posters or signs (13.8%) were other popular media sources of anti-smoking messages. Two other sources mentioned were the Internet and flyers, or brochures.

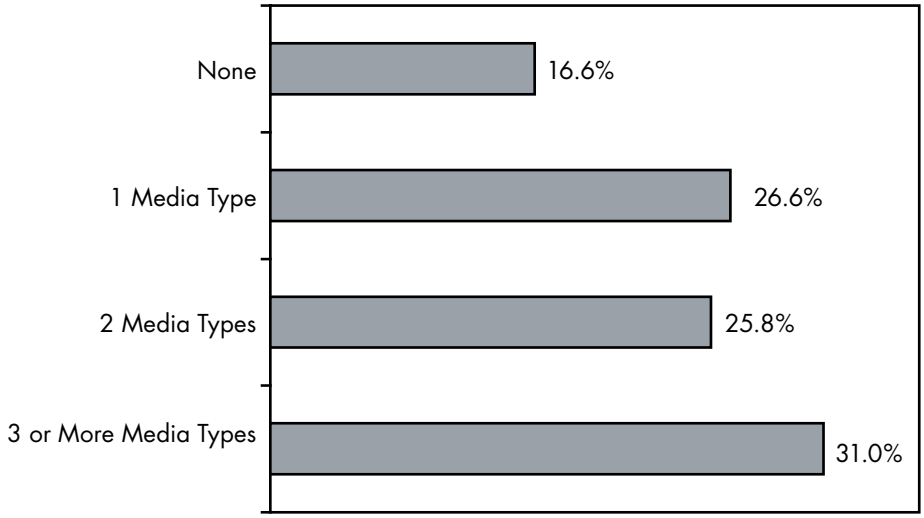
Because respondents were exposed to anti-smoking messages through multiple sources, or "channels," a question of interest is whether the *number of channels* through which respondents receive anti-smoking messages is associated with differences in attitudes and behaviors. That is, does it make a difference whether respondents receive anti-smoking messages through one channel or multiple channels?

Figure 7.D.2. Types of "Other Media"



To determine the effects of exposure to anti-smoking messages through multiple channels, a new variable was constructed by summing the number of different media types in which the respondent reported having seen or heard anti-smoking messages. For example, if the respondent reported hearing or seeing anti-smoking messages on Korean TV, American TV, and in Korean newspapers within the past 30 days, then the media exposure for that respondent would be "three or more media types." Conversely, respondents would receive a score of "zero" if they reported seeing no anti-smoking messages from any source.

Figure 7.D.3. Extent of Overall Media Exposure to Anti-Smoking Messages



As shown in Figure 7.D.3, 16.6% of respondents had not been exposed to anti-smoking messages in the media at all; further, 52.4% of respondents had seen or heard an anti-smoking message in one or two types of media. Nearly one-third (31%) of all respondents had seen or heard anti-smoking messages in three or more types of media.

Acculturation appears to have a subtle but statistically significant effect on exposure to anti-smoking messages, as shown in Table 7.D.1. Assimilated respondents were least likely to have been exposed to anti-smoking messages in multiple channels (mean=1.78) compared with traditional (mean=1.92) and bilingual respondents (mean=2.11). These group differences are statistically significant at $p<0.02$.

Table 7.D.1. Media Exposure to Anti-Smoking Messages by Acculturation

Number of Media Types Containing Anti-Smoking Messages	Acculturation		
	Assimilated	Bilingual	Traditional
None	17.3%	13.5%	17.7%
1 Media Type	29.9%	27.2%	25.7%
2 Media Types	25.2%	24.8%	26.4%
3 or More Media Types	27.6%	34.5%	30.2%
Total	100%	100%	100%

7.E. Relationship Between Viewing Anti-Smoking Message and Smoking Behavior

Ultimately, the desired effect of exposure to anti-smoking messages in the media is a change in attitudes toward smoking and smoking behavior. This section examines the relationship between media exposure to anti-smoking messages and respondents' smoking behavior.

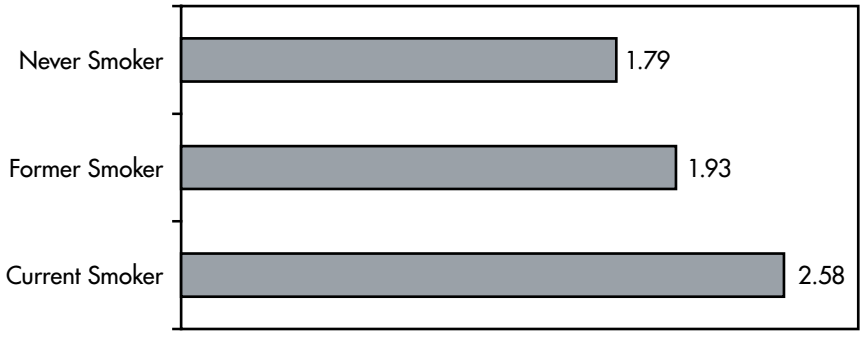
First, Figure 7.E.1 shows the average number of channels through which respondents were exposed to anti-smoking messages as a function of smoking status. There were seven possible types of Korean and American media through which respondents could have reported being exposed to anti-smoking messages; therefore, the range of possible responses is from zero (no media exposure) to seven (exposure to anti-smoking messages in all media forms).

Current smokers were more likely to report that they had been exposed to anti-smoking messages through multiple channels (mean=2.58) than former smokers (mean=1.93) or never smokers (mean=1.79). Group differences are significant at $p<0.001$. However, it is unclear whether this represents a true difference in exposure between these groups, or a greater tendency on behalf of current smokers to *remember* seeing anti-smoking messages. Due to skewness in the media exposure variables, the results from this and all following difference of means test were confirmed though nonparametric tests (Kruskal-Wallis and Mann-Whitney).

To see whether this pattern varied as a function of gender, a second analysis was conducted to examine media exposure and smoking status for males and females. Overall, males reported being exposed to anti-smoking messages in more channels (mean=2.17) than females (mean=1.75), $p<0.001$. Further, a factorial ANOVA reveals an interaction between smoking status and gender, such that males and females reported different levels of exposure as a function of smoking status.

Specifically, for men, current smokers reported being exposed to anti-smoking messages in more types of media (mean=2.69) than former smokers (mean=2.03) and never smokers (mean=1.90), $p<0.001$, (see Figure 7.E.2). However, a different pattern was observed for women; in this case never smokers reported being exposed to anti-smoking messages in more types of media (mean=1.75) than former smokers (mean=1.44),

Figure 7.E.1. Mean Media Exposure to Anti-Smoking Messages by Smoking Status



but the difference between these groups is not significant. However, similarly to men, current smokers reported being exposed to anti-smoking messages in more types of media (mean=2.07) than former smokers, $p<0.038$.

Again, it is unclear whether these differences reflect actual differences in exposure, or a greater tendency on behalf of male smokers in particular to remember seeing the messages. Furthermore, it is important to note that the sample size for female smokers is small, and thus the results of this analysis should be interpreted with some caution.

Because smoking rates also vary considerably as a function of generational status, exposure to anti-smoking messages was examined as a function of generation. Once again, a factorial ANOVA was performed to examine the relationship between generation, smoking status, and number of channels through which respondents were exposed to anti-smoking messages.

This analysis reveals no overall effect for generation. First generation respondents reported seeing anti-smoking messages in about the same number of media types (mean=1.95) as second generation respondents (mean=1.94). There is a significant effect of smoking status, such that current smokers did report seeing more anti-smoking messages (mean=2.58) than former smokers (mean=1.93) and never smokers (mean=1.79), $p<0.001$). The interaction between generation and smoking status is not statistically significant (see Figure 7.E.3).

The desired effect of exposure to anti-smoking messages in the media is, ultimately, smoking cessation. Two survey questions attempted to measure respondents' quitting behaviors.

Figure 7.E.2. Mean Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

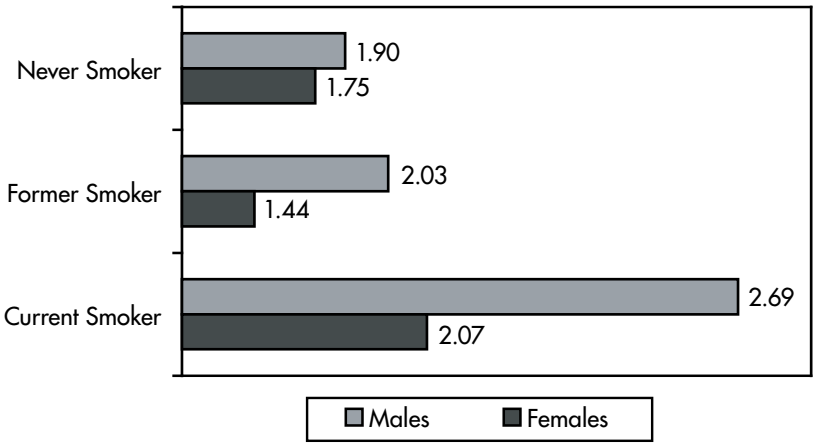


Figure 7.E.3. Mean Media Exposure to Anti-Smoking Messages by Smoking Status by Generation

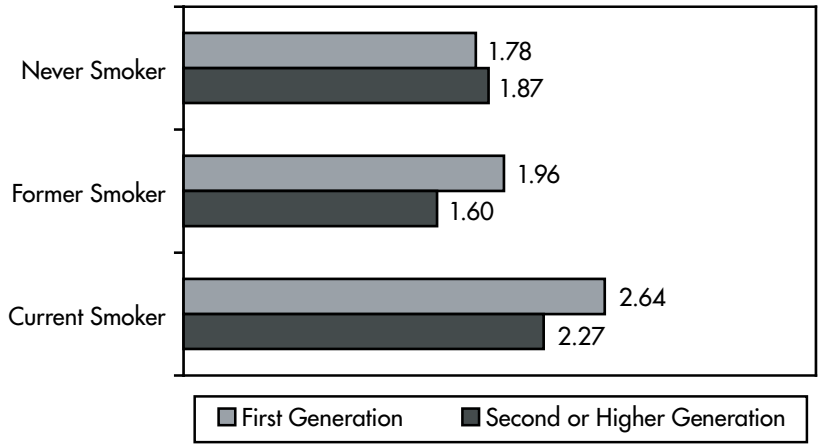
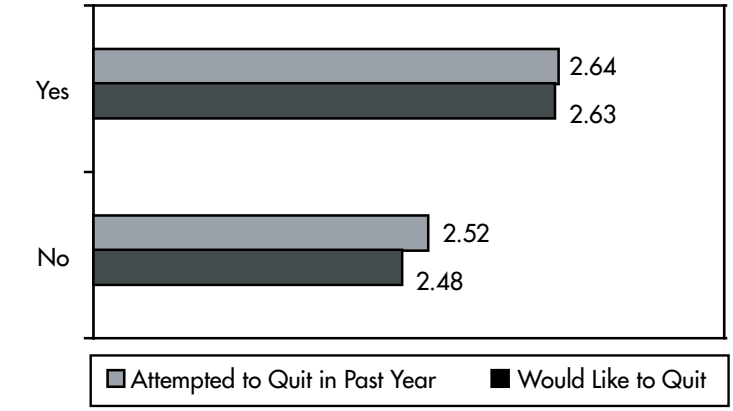


Figure 7.E.4. Mean Media Exposure to Anti-Smoking Messages by Quitting Behavior



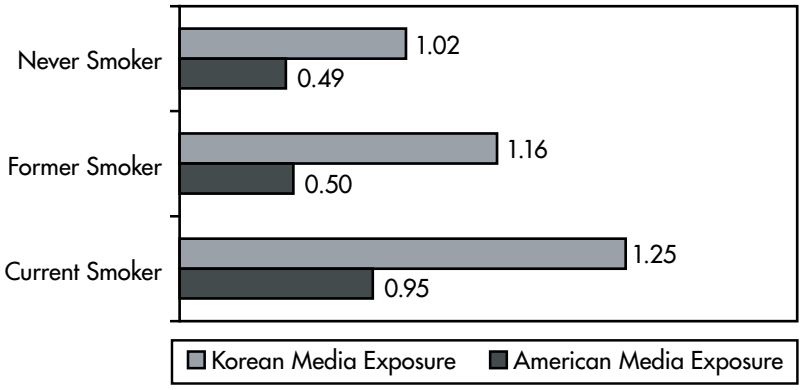
First, current smokers were asked whether or not they had attempted to quit smoking or if they would *like* to quit smoking in the past year. These behaviors were then examined in terms of exposure to anti-smoking messages. Figure 7.E.4 shows current smokers' mean media exposure to anti-smoking messages by whether or not they had attempted to quit smoking or would like to quit smoking in the past year. Although it appears that smokers who have attempted to quit in the last year or who said that they would *like* to quit smoking reported being exposed to anti-smoking messages in more types of media than smokers who did not want to quit, a difference of means test (t-test) finds that these differences are not statistically significant.

7.F. Relationship Between Type of Media and Exposure to Anti-Smoking Messages

In California, anti-smoking messages were developed for and employed in both Korean and American media. This section examines whether there are any differential effects of exposure to anti-smoking messages as a function of these two types of media. That is, what differences may exist as a function of exposure to anti-smoking messages on Korean versus American media?

To answer this question, the effects of Korean and American media on smoking behaviors were examined separately. From the overall measure of media exposure used in the preceding analysis, two new measures were constructed. These Korean and American media exposure measures each range from zero (exposed to no anti-smoking messages) to three (exposed to anti-smoking messages on TV, on radio, and in newspapers). So if a respondent reported seeing or hearing anti-smoking messages on Korean TV, Korean radio, and in the Korean newspaper within the last 30 days, then that respondent received a score of "three media types" on this measure.

Figure 7.F.1. Mean Media Exposure to Anti-Smoking Messages by Smoking Status



First, the number of *Korean* media sources through which respondents received anti-smoking messages was analyzed as a function of respondents' smoking status. ANOVA indicates that never smokers reported being exposed to anti-smoking messages in fewer types of Korean media (mean=1.02) than former smokers (mean=1.16), $p<0.05$ or current smokers (mean=1.25), $p<0.001$ (see Figure 7.F.1). Similarly, ANOVA reveals that current smokers reported being exposed to anti-smoking messages in more types of American media (mean=0.95) than either former smokers (mean=0.50) or never smokers (mean=0.49), $p<0.001$.

Next, exposure to Korean and American media was examined as a function of gender and generation. First, respondents' mean exposure to anti-smoking messages in Korean media is presented by smoking status and by gender. Factorial ANOVA reveals there is a significant interaction between smoking status and gender, indicating that the pattern of exposure varies as a function of these two variables.

Specifically, for males, never smokers reported being exposed to anti-smoking messages in fewer types of Korean media (mean=0.93) than current smokers (mean=1.34) or former smokers (mean=1.22), $p<0.001$. However, for females, the opposite appears to be true, although the differences between groups are not statistically significant (see Figure 7.F.2).

A second analysis focused only on exposure to anti-smoking messages in *American* media. This time factorial ANOVA reveals no significant interaction between gender and smoking status (see Figure 7.F.3). However, there was a main effect for gender, such that males (mean=0.69) reported seeing more anti-smoking messages in American media than females (mean=0.45, $p<0.001$). Further, current smokers remembered seeing more anti-smoking messages in American media (mean=0.95) compared with never smokers (mean=0.49) and former smokers (mean=0.50, $p<0.001$).

Next, the differential effects of exposure to anti-smoking messages in Korean and American media are considered as a function of generation. Figure 7.F.4 presents respondents' mean Korean media exposure to anti-smoking messages by smoking status and by generational status.

Factorial ANOVA reveals a main effect for generational status such that first generation respondents were likely to recall being exposed to anti-smoking messages in more forms of Korean media (mean=1.18) than second or higher generation respondents (mean=0.30), $p<0.001$. This analysis does not reveal a significant interaction between smoking status and generation.

Figure 7.F.4 illustrates the main effect for generation, such that first generation Koreans were much more likely to have been exposed to anti-smoking messages in Korean media than second or higher generation Koreans, regardless of their smoking status.

Figure 7.F.2. Mean Korean Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

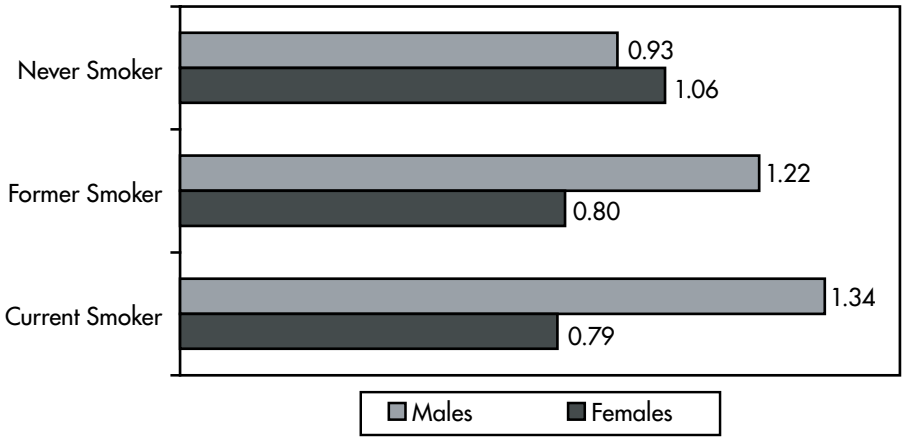


Figure 7.F.3. Mean American Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

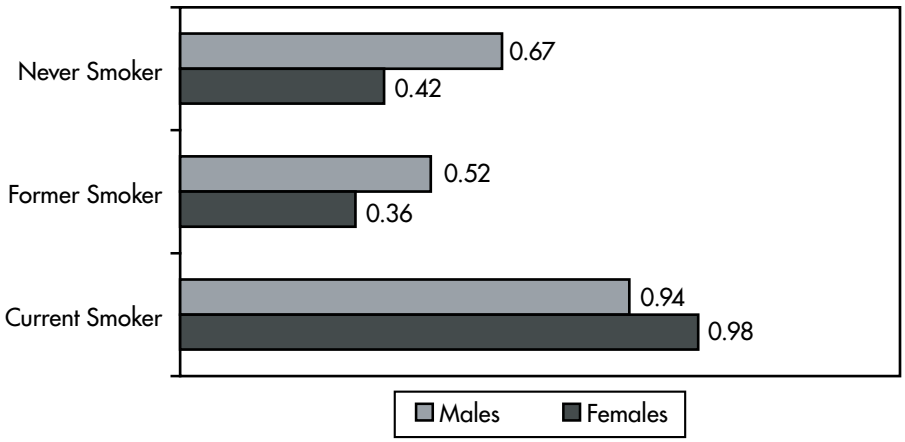
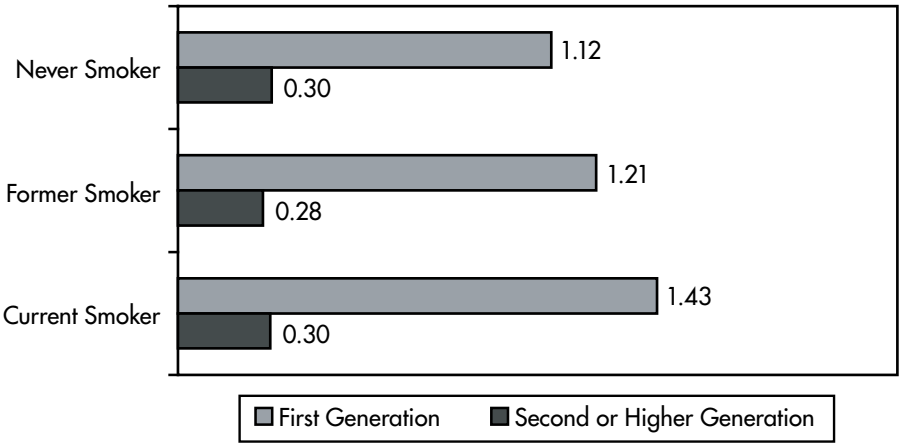


Figure 7.F.4. Mean Korean Media Exposure to Anti-Smoking Messages by Smoking Status by Generation



Another analysis was performed using the number of exposures to anti-smoking messages in American media as the main dependent variable. Once again, ANOVA reveals a significant effect for generation, but in the opposite direction as is observed for Korean media. First generation respondents were less likely to report being exposed to anti-smoking messages in the American media (mean=0.49) compared with second or higher generation respondents (mean=1.21), $p<0.001$. Again, there is a significant main effect for smoking status, such that current smokers remembered seeing more anti-smoking messages in American media (mean=0.95) compared with never smokers (mean=0.49) and former smokers (mean=0.50, $p<0.001$).

This analysis also reveals an interaction between generation and smoking status. Among first generation respondents, current smokers recalled being exposed to anti-smoking messages in more types of American media (mean=0.85) than either former smokers (mean=0.47) or never smokers (mean=0.41), $p<0.001$. In contrast, no such pattern is found among second or higher generation respondents.

The results of this analysis are presented in Figure 7.F.5. This figure reveals the opposite pattern observed in Figure 7.F.4-here, second or higher generation Koreans were more likely to have been exposed to anti-smoking messages in American media, regardless of their smoking status. These results could indicate a language fluency effect. For example, second and higher generation respondents were more likely to be fluent in English and thus more likely to see and recall messages from American media. However, among first generation respondents, current smokers were more likely to recall being exposed to anti-smoking messages.

Figure 7.F.5. Mean American Media Exposure to Anti-Smoking Messages by Smoking Status by Generation

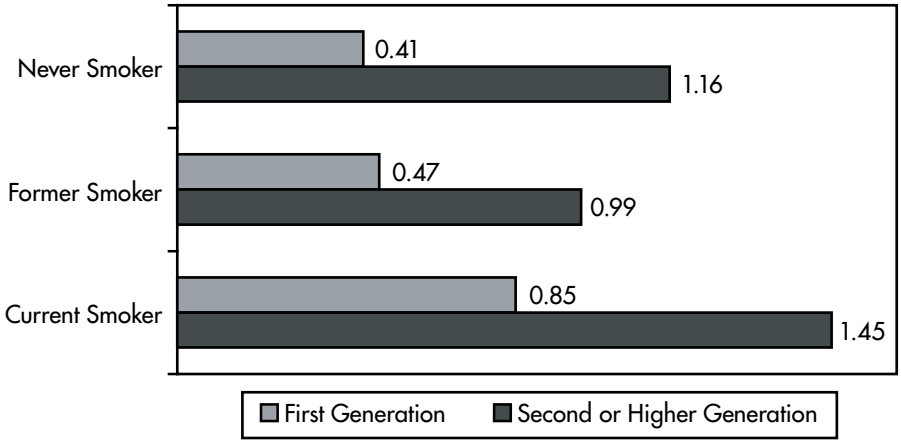
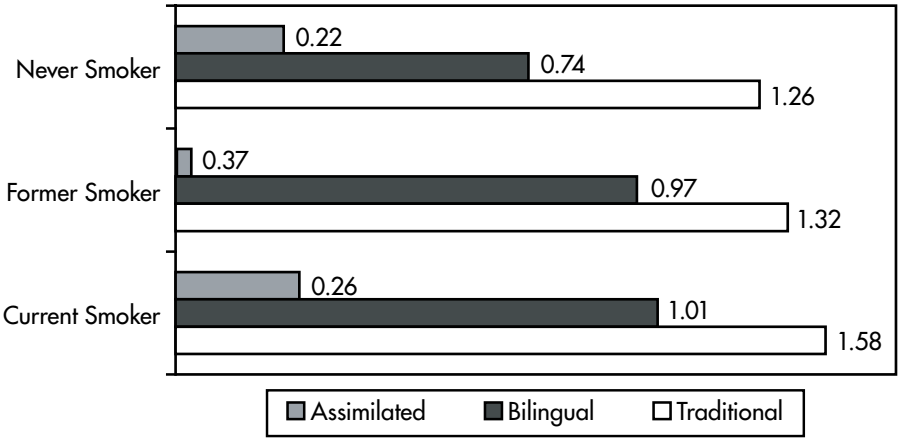


Figure 7.F.6. Mean Korean Media Exposure to Anti-Smoking Messages by Acculturation and Smoking Status



It is to be expected that exposure to Korean and American media is likely to vary along with the respondents' level of acculturation. So, exposure to anti-smoking messages as a function of media type (Korean or American) was also examined as a function of acculturation.

First, considering exposure to Korean media sources, a factorial ANOVA indicates a main effect for acculturation. Overall, traditional respondents were most likely to be exposed to Korean media (mean=1.32), followed by bilingual respondents (mean=0.84). Assimilated respondents were least likely to report being exposed to anti-smoking messages in Korean media (mean=0.25). These group means are significantly different at $p<0.001$. Notably, this pattern does not vary as a function of smoking status, as can be seen in Figure 7.F.6

In terms of exposure to anti-smoking messages in American media, a different pattern is observed. In this case, assimilated (mean=1.16) and bilingual (mean=0.84) respondents were most likely to remember seeing anti-smoking messages in American media. Both are significantly higher than traditional respondents (mean=0.36). These group differences are statistically significant at $p<0.001$ (see Figure 7.F.7).

This analysis also revealed an interaction between acculturation and smoking status for American media exposure ($p<0.001$). Primarily, among current smokers, bilingual and assimilated respondents were more likely to recall seeing anti-smoking messages in American media than their traditional counterparts.

An additional analysis was performed to examine the relative effects of exposure to anti-smoking messages in Korean and American media on respondents' reported interest in quitting and attempts to quit.

First, considering current smokers' attempts to quit, difference of means tests (t-tests) find no significant group differences between smokers who had attempted to quit smoking for at least one day in the past year and smokers who had not attempted to quit. Likewise, no group difference is found in exposure to anti-smoking messages in American media. These results are presented in Figure 7.F.8.

Considering whether or not respondents would *like* to quit, difference of means tests (t-tests) uncover no significant differences in exposure to anti-smoking messages in Korean or American media between smokers who would like to quit and those who would not (see Figure 7.F.9).

Figure 7.F.7. Mean American Media Exposure to Anti-Smoking Messages by Acculturation and Smoking Status

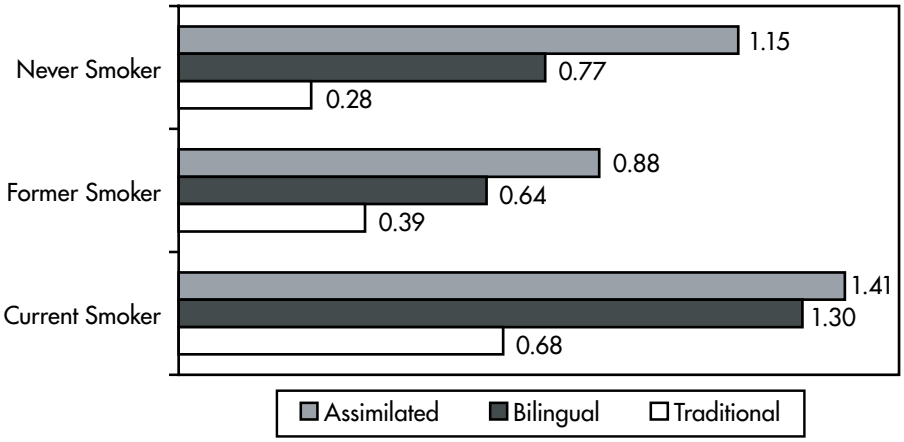


Figure 7.F.8. Mean Korean and American Media Exposure to Anti-Smoking Messages by Attempt to Quit

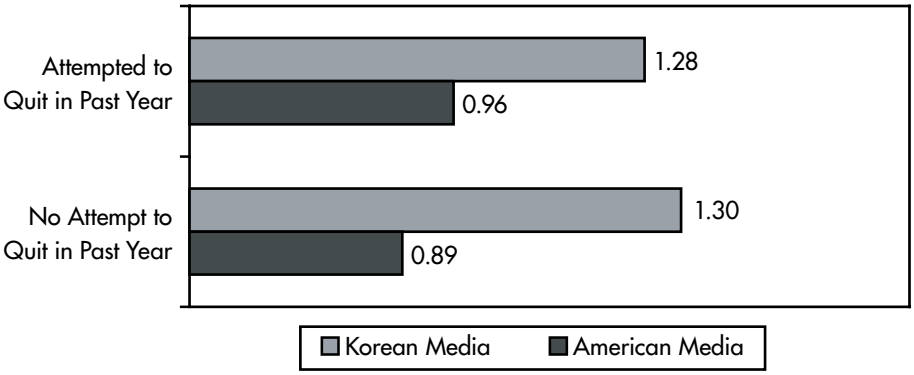
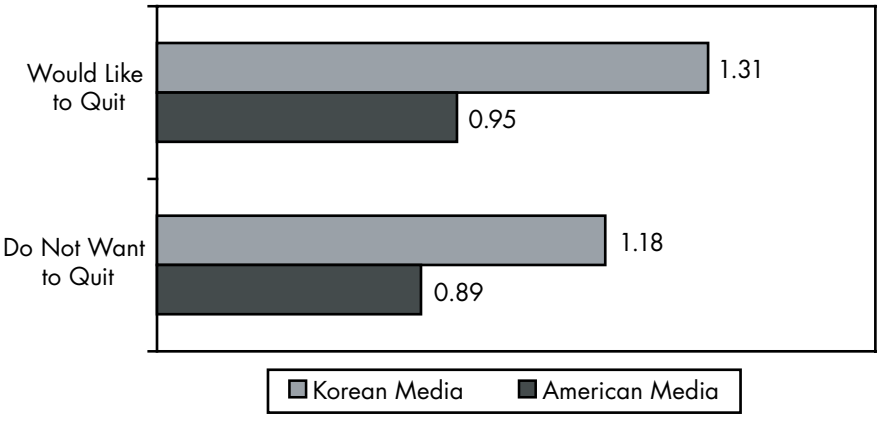


Figure 7.F.9. Mean Korean and American Media Exposure to Anti-Smoking Messages by Wanting to Quit



CHAPTER 8 Attitudes and Knowledge

Finally, a series of survey questions asked respondents about their attitudes toward smoking. Several questions addressed current smokers' attitudes about their own smoking behaviors. Additional questions investigated respondents' opinions about the potential dangers of tobacco smoke as well as their beliefs and opinions about TI and advertising of tobacco products.

8.A. Current Smoker Attitudes

Current smokers were asked to report whether they strongly agreed, slightly agreed, slightly disagreed, or strongly disagreed to four statements about their present smoking behaviors:

My smoking is harming my own health.

Shown in Figure 8.A.1, over three-quarters (79.8%) of all current smokers strongly agreed that smoking was harming their own health, while 16.1% slightly agreed. Only 4.2% of current smokers slightly or strongly disagreed with this statement.

I believe that I am addicted to cigarettes.

In Figure 8.A.2, 52.7% of current smokers strongly agreed that they were addicted to cigarettes, while 31.1% slightly agreed. The other 16.2% either slightly disagreed or strongly disagreed with the statement.

My family would prefer that I didn't smoke.

Almost all current smokers strongly agreed (91.4%) or slightly agreed (6.1%) that their families would prefer they stop smoking. Only 2.4% either slightly disagreed or strongly disagreed with the statement. This is shown in Figure 8.A.3.

Figure 8.A.1. Current Smokers' Attitudes About Harmfulness of Smoking

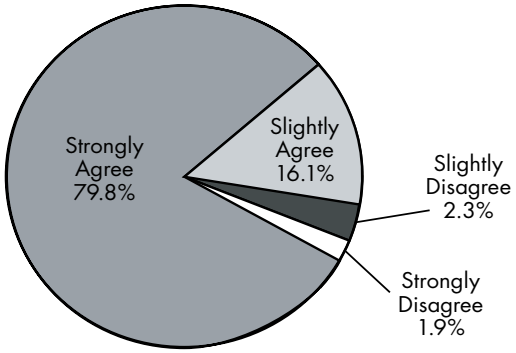


Figure 8.A.2. Current Smokers' Attitudes About Addiction to Cigarettes

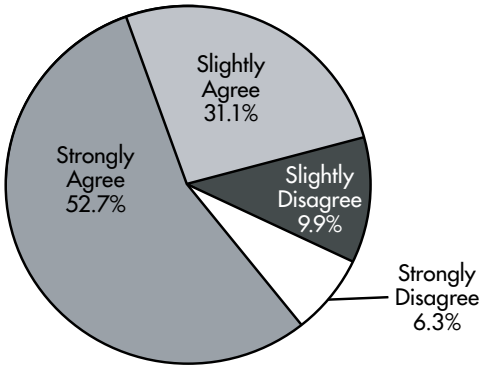
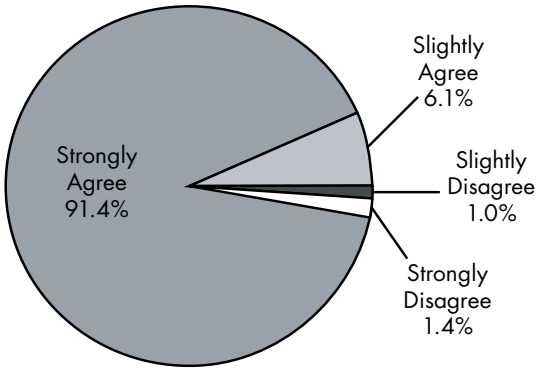


Figure 8.A.3. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking



My friends and colleagues would prefer that I didn't smoke.

While a large majority of smokers strongly agreed that their *families* would prefer that they stop smoking (see Figure 8.A.3), only 31.3% of current smokers strongly agreed that their friends and colleagues would prefer that they did not smoke; 37.7% slightly agreed. Another 18.5% slightly disagreed while the remaining 12.5% strongly disagreed with the statement. This is illustrated in Figure 8.A.4.

As shown in Figure 8.A.5, male and female smokers have similar attitudes about the harmfulness of smoking. More females than males strongly agreed that smoking is harming their own health (83% versus 79.4%); however, overall, 96.5% of males and 92.4% of females either strongly or slightly agreed that smoking is harming their own health.

Figure 8.A.6 illustrates little difference in smokers' attitudes about their addiction to cigarettes as a function of gender. Overall 82.9% of males and 88.6% of females agree that they were addicted to smoking cigarettes.

Figure 8.A.4. Current Smokers' Opinion of Friends' Wishes About Respondents' Smoking

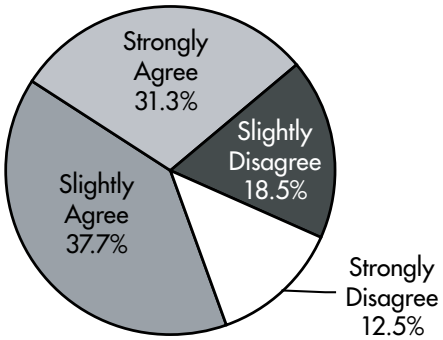


Figure 8.A.5. Current Smokers' Attitudes About Harmfulness of Smoking by Gender

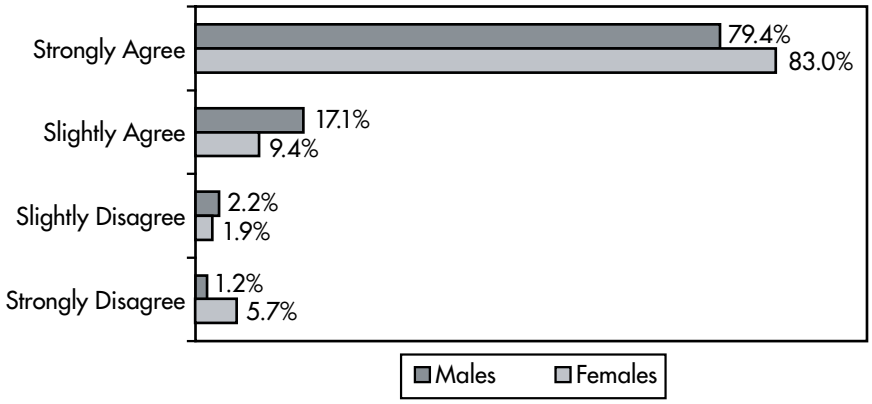
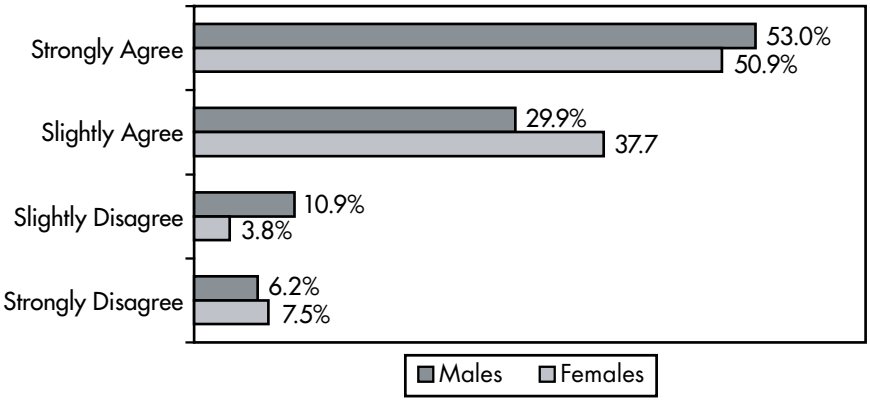


Figure 8.A.6. Current Smokers' Attitudes About Addiction to Cigarettes by Gender



Both males and females generally agreed that their families wished they would stop smoking; 92.1% of males and 88.5% of females strongly agreed that their family would prefer that they not smoke. This is presented in Figure 8.A.7.

Overall, current smokers were more likely to indicate that their families wished they would quit smoking compared with their friends (see Figures 8.A.3 and 8.A.4). Examining this question by gender, however, reveals that females were slightly more likely than males to believe that their friends wished they would stop smoking. While 75.5% of females either strongly agreed or slightly agreed that their friends would prefer that they not smoke, only 67.7% of males strongly agreed or slightly agreed (see Figure 8.A.8).

Current smokers' attitudes about smoking were also examined as a function of generational status. Second or higher generation smokers were somewhat more likely to strongly agree that smoking was harmful to their own health (89.6%) than first generation smokers (78.5%), while 2.1% of first generation smokers and none of second or higher generation smokers strongly disagreed. It appears, however, that there are no substantial differences in smokers' attitudes about the harmfulness of smoking by generational status (see Figure 8.A.9).

Figure 8.A.7. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking by Gender

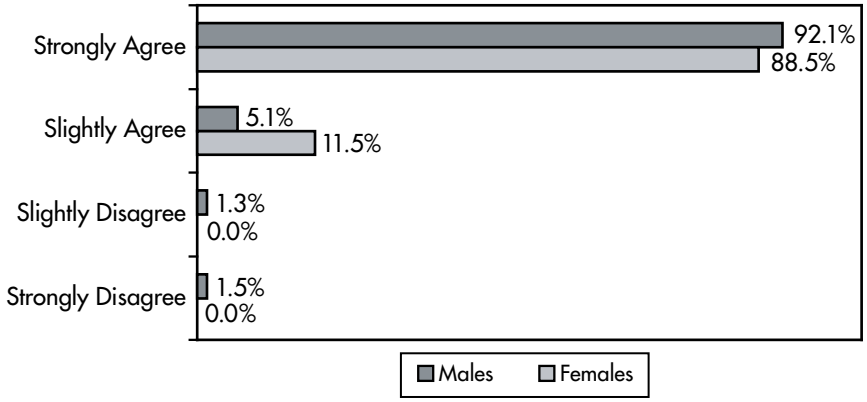


Figure 8.A.8. Current Smokers' Opinion of Friends' Wishes About Respondents' Smoking by Gender

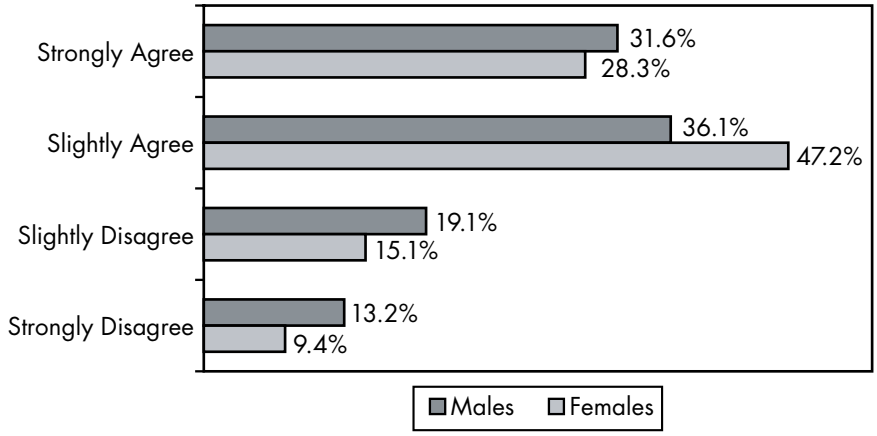
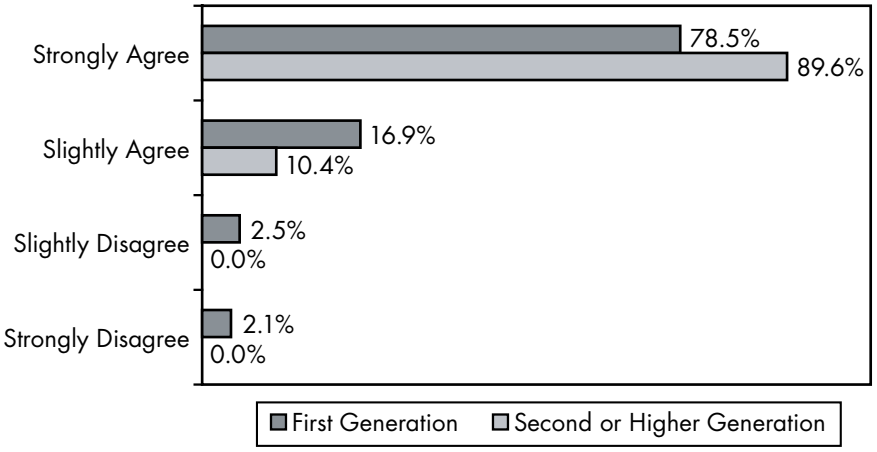


Figure 8.A.9. Current Smokers' Attitudes About Harmfulness of Smoking by Generation



There does not appear to be a significant difference between first generation respondents and second or more generation respondents with regard to their attitudes about being addicted to smoking cigarettes. Indeed, 83.7% of first generation and 83.6% of second or more generation respondents agree that they were addicted to smoking cigarettes. These results are presented in Figure 8.A.10.

Both first and second or higher generation smokers were almost equally likely to agree that their families wish they would stop smoking (97.2% and 100%, respectively). These results are summarized in Figure 8.A.11.

Overall, first generation smokers were only slightly more likely to agree that their friends wanted them to stop smoking (69.8%) compared to second or higher generation smokers (63.6%). However, first generation respondents were more likely to *strongly* agree with this statement. This is presented in Figure 8.A.12.

Figure 8.A.10. Current Smokers' Attitudes About Addiction to Cigarettes by Generation

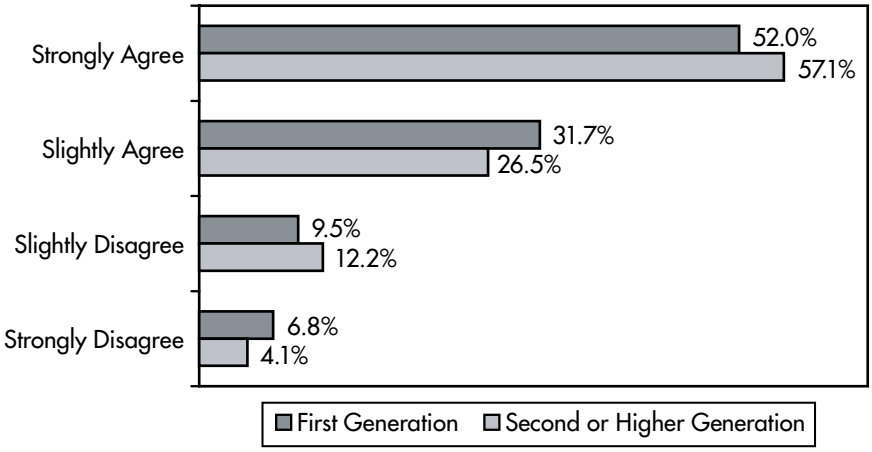


Figure 8.A.11. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking by Generation

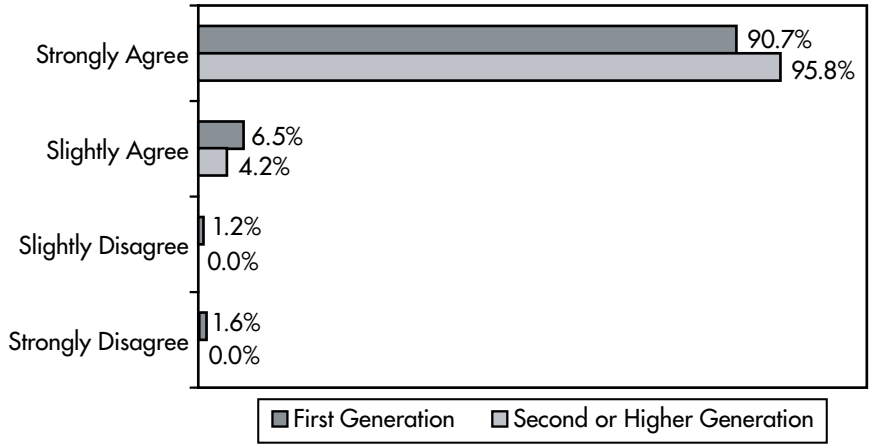
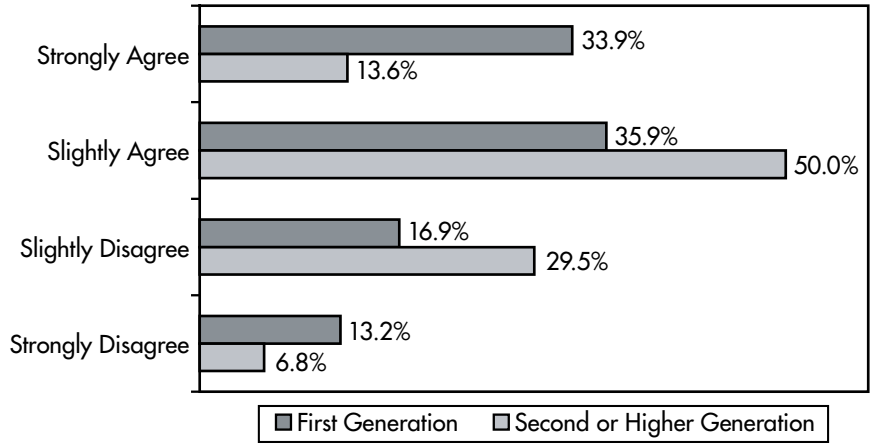


Figure 8.A.12. Current Smokers' Opinion of Friends' Wishes About Their Smoking by Generation



8.B. Respondents' Attitudes About Smoking

In Section 8.B.1, the attitudes of all respondents (not just current smokers) are examined. Respondents were asked to report whether they strongly agreed, slightly agreed, slightly disagreed, or strongly disagreed with each of the following statements:

Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.

Figure 8.B.1 shows that just over three-quarters (78.6%) of all respondents strongly agreed that SHS causes lung cancer in nonsmokers. Just 4% disagreed with this statement. The overall agreement for Korean respondents is 96%, which is even higher than the agreement reported for *all* California residents (83.6%) in the 2002 CTS.

Inhaling smoke from someone else's cigarette harms the health of babies and children.

Almost all respondents strongly agreed (95.3%) or slightly agreed (4.1%) that SHS was harmful to babies and children, with only 0.6% disagreeing. This is shown in Figure 8.B.2.

If a woman smokes when pregnant, it will harm the health of her baby.

Again, almost all respondents strongly agreed (97.4%) or slightly agreed (2.3%) that if a woman smokes when pregnant, it will harm the health of her baby. Only 0.3% disagreed with the statement. This is illustrated in Figure 8.B.3.

I prefer to eat in restaurants that are smoke-free.

As shown in Figure 8.B.4, most respondents (83.4%) strongly agreed that eating at a smoke-free restaurant was preferable to eating at a

Figure 8.B.1. Respondents' Attitudes About Harmfulness of Secondhand Smoke

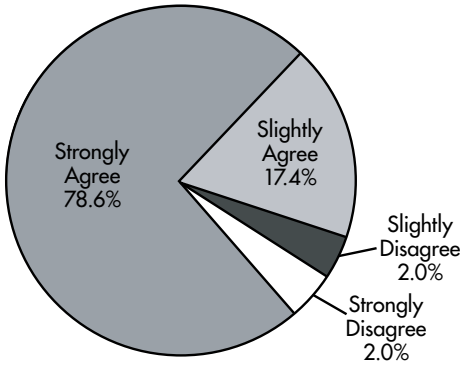


Figure 8.B.2. Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children

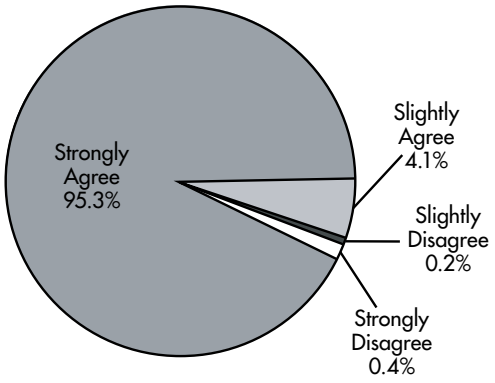


Figure 8.B.3. Respondents' Attitudes About Harmfulness of Smoking When Pregnant

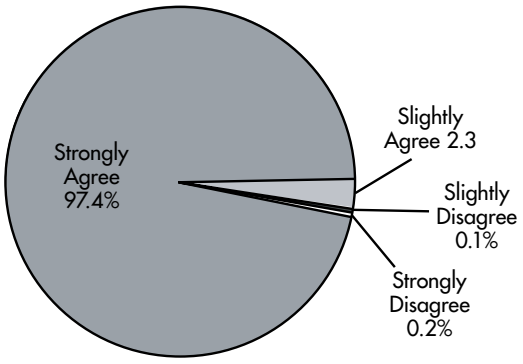
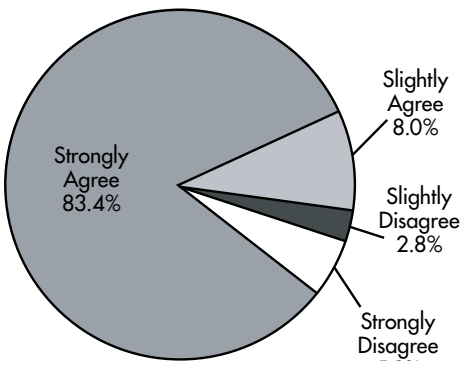


Figure 8.B.4. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants

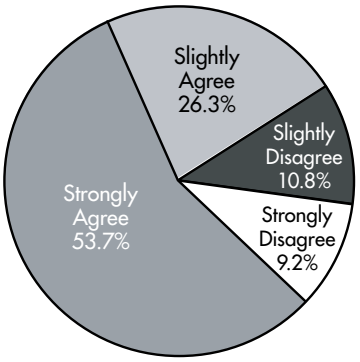


restaurant that was not smoke-free; 8% slightly agreed. A total of 8.7% disagreed that smoke-free restaurants were preferable to restaurants that allowed smoking.

Tobacco advertising encourages young people to start smoking.

Most respondents strongly agreed (53.7%) or slightly agreed (26.3%) that tobacco advertising encourages young people to start smoking. About 20% overall disagreed with this statement. This is shown in Figure 8.B.5.

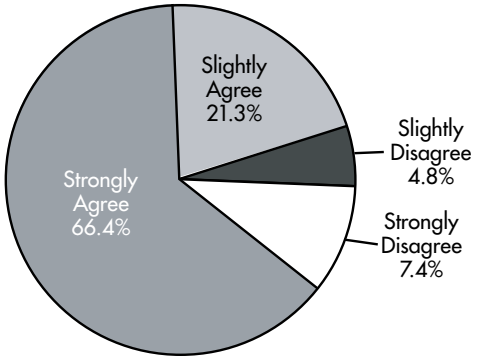
Figure 8.B.5. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke



Tobacco companies can lower the nicotine content of tobacco products.

In Figure 8.B.6, 66.4% of respondents strongly agreed and 21.3% slightly agreed that tobacco companies can lower the nicotine content of tobacco products. The other 12.2% of respondents either slightly disagreed (4.8%) or strongly disagreed (7.4%) with the statement.

Figure 8.B.6. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products



Tobacco is not as addictive as other drugs such as heroin or cocaine.

Respondents recognized the strong addictive properties of tobacco. Well over half (68.1%) of all respondents strongly *disagreed* that tobacco is not as addictive as other drugs such as heroin or cocaine, while 10.9% slightly disagreed. The remaining 21.1% either slightly agreed (10.2%) or strongly agreed (10.7%) that tobacco was not as addictive as other drugs. This is shown in Figure 8.B.7.

Smoking cigarettes is a symbol of independence.

In Figure 8.B.8, most respondents did *not* agree that smoking was a symbol of independence; 71% strongly disagreed and 10.1% slightly disagreed that smoking cigarettes was a symbol of independence, while only 8.9% slightly agreed and 10% strongly agreed with the statement.

Figure 8.B.8. Respondents' Attitudes About Cigarettes as a Symbol of Independence

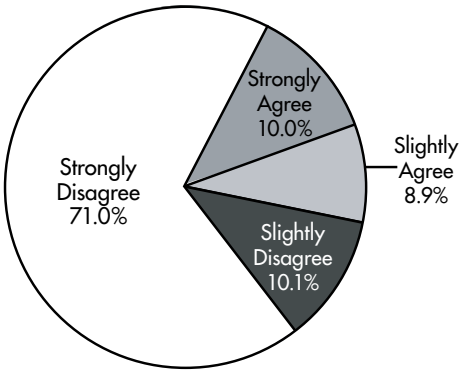
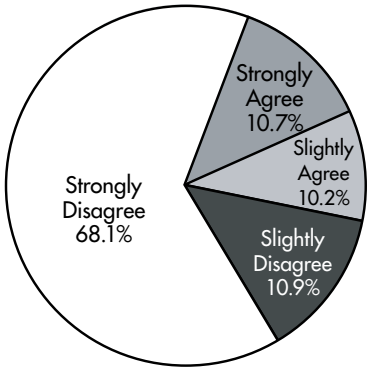


Figure 8.B.7. Respondents' Attitudes About Tobacco as Less Addictive than Other Drugs



Tobacco industry advertising at cultural and sporting events should be banned.

A majority of respondents supported the idea of banning tobacco advertising at cultural and sporting events. Almost three-quarters of respondents (73%) strongly agreed that TI advertising at cultural and sporting events should be banned while another 13.4% slightly agreed. Only 13.6% disagreed and believed that tobacco advertising should not be banned at public events.

The production and sale of cigarettes should not be a legitimate business.

Respondents were somewhat divided in their feelings on the legitimacy of tobacco production and sales, as illustrated in Figure 8.B.10. While 41% strongly agreed and 24.7% slightly agreed that the production and sale of cigarettes should not be a legitimate business, 14.8% strongly disagreed and 19.4% slightly disagreed.

Tobacco industry spokespersons mislead the public when they say tobacco is not addictive.

As shown in Figure 8.B.11, 84.5% of respondents strongly agreed and 8.3% slightly agreed that TI spokespersons mislead the public when they say that tobacco is not addictive. However, 4.6% strongly disagreed and 2.6% slightly disagreed and believe that tobacco spokespersons are not misleading the public by saying that tobacco is not addictive.

If a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.

In Figure 8.B.12, 60.8% of respondents strongly disagreed and 15% slightly disagreed with the statement above. Almost a quarter

Figure 8.B.9. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events

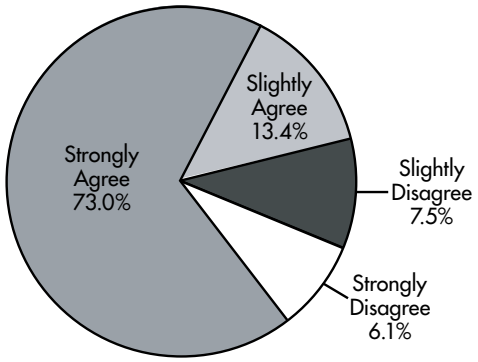


Figure 8.B.10. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business

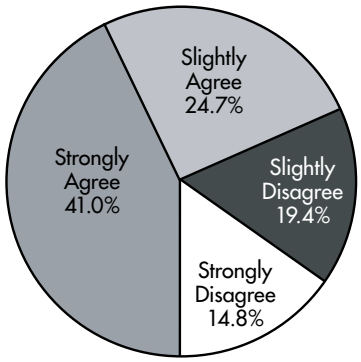


Figure 8.B.12. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day

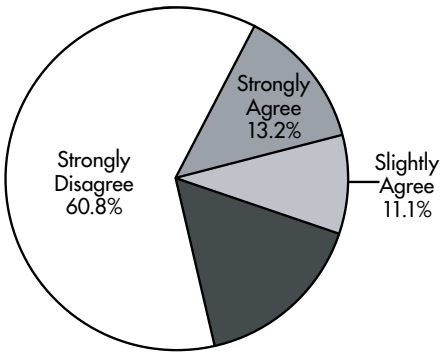
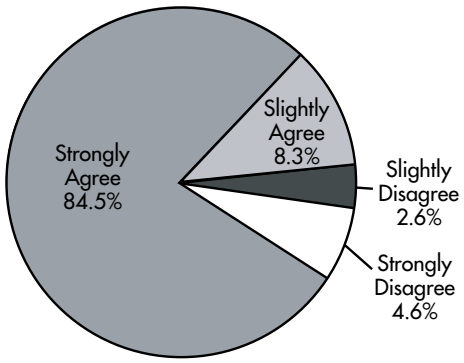


Figure 8.B.11. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public



(24.3%) of all respondents either slightly agreed (11.1%) or strongly agreed (13.2%) that a person who only smokes five cigarettes per day has the same chance of getting cancer as someone who never smokes.

Each of these attitude questions was examined as a function of gender. First, regarding the harmfulness of SHS, females were more likely to strongly agree that SHS causes cancer in nonsmokers, $p<0.001$ level (see Figure 8.B.13).

As shown in Figure 8.B.14, although 98.9% of males and 99.7% of females agree that SHS is harmful to babies and children, females were slightly more likely to *strongly* agree, $p<0.001$.

In terms of beliefs about the harmfulness of smoking while pregnant, females were slightly more likely to strongly agree that smoking while pregnant is harmful, $p<0.05$. These results are shown in Figure 8.B.15.

Figure 8.B.13. Respondents' Attitudes About Harmfulness of Secondhand Smoke by Gender

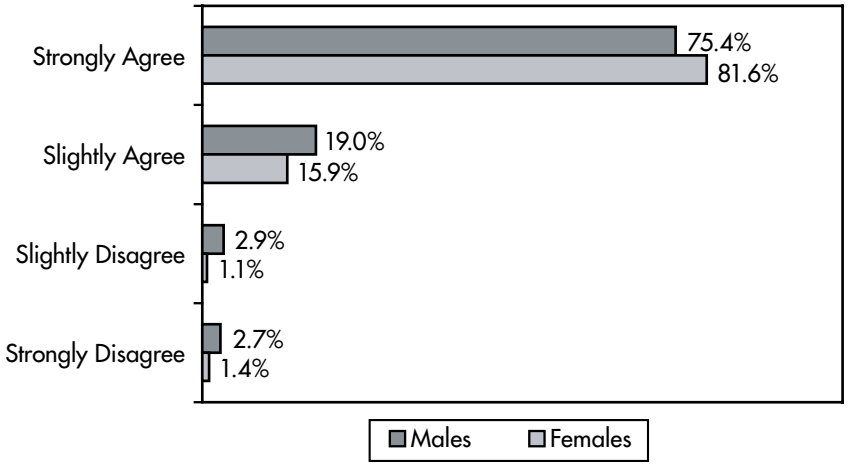


Figure 8.B.14. Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children by Gender

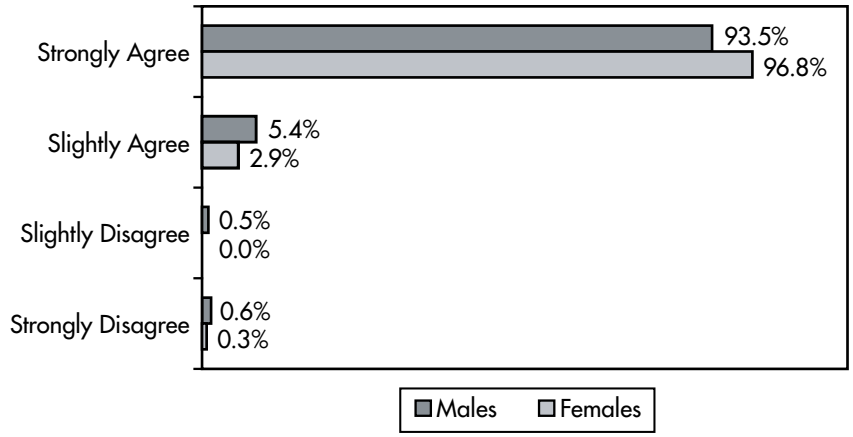
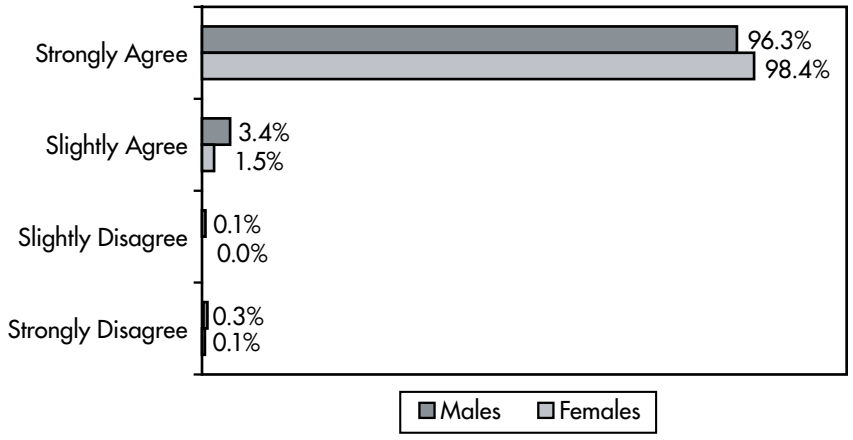


Figure 8.B.15. Respondents' Attitudes About Harmfulness of Smoking When Pregnant by Gender



Women were more likely to strongly agree that they would prefer to eat in smoke-free restaurants than men (87.5% as opposed to 78.7%), $p<0.001$ (see Figure 8.B.16).

As shown in Figure 8.B.17, males and females do not significantly differ in their attitudes about tobacco advertising and its effect on young people.

There are some differences, however, in males' and females' beliefs about whether tobacco companies could lower the amount of nicotine in their products. The difference in males' and females' attitudes about the amount of nicotine in tobacco products presented in Figure 8.B.18, although significantly different at the $p<0.05$ level, are not substantively large; 64.4% of males and 68.4% of females strongly agreed that tobacco companies could lower the amount of nicotine in their products.

Figure 8.B.16. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Gender

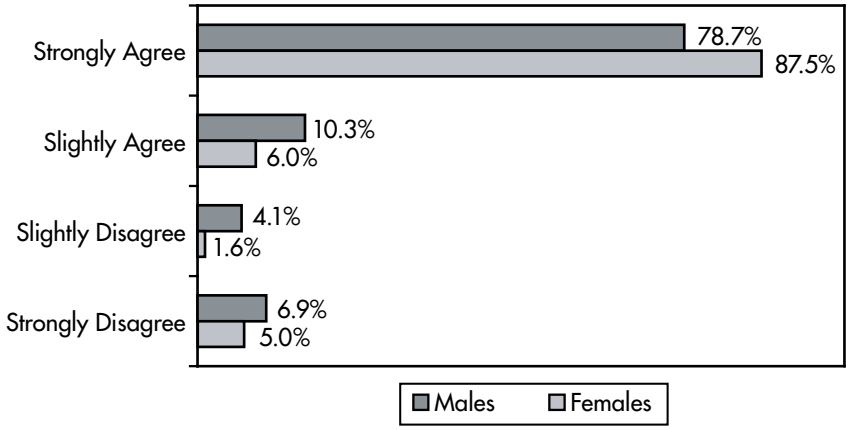


Figure 8.B.17. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Gender

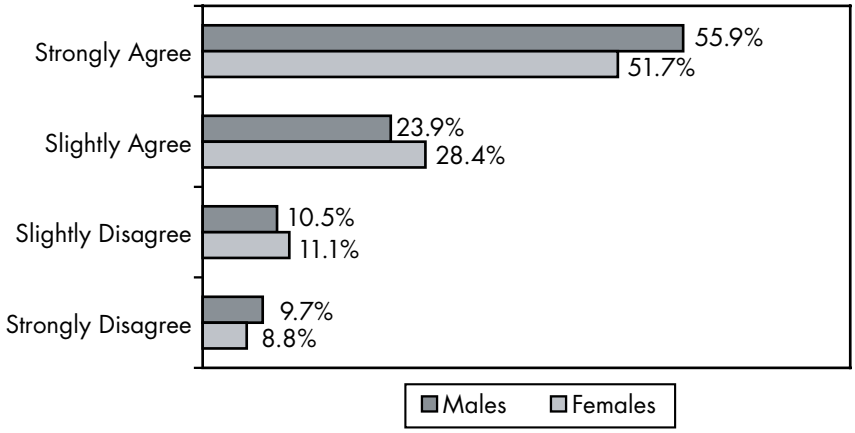
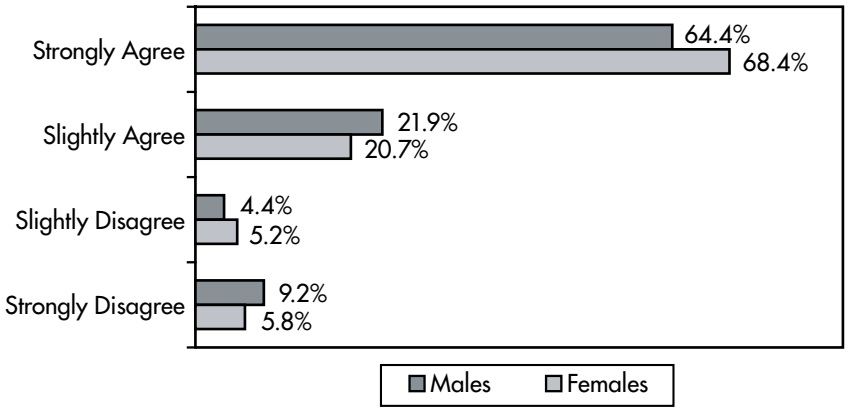


Figure 8.B.18. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Gender



Females were more likely than males to strongly disagree that tobacco is not as addictive as other drugs such as heroin or cocaine (see Figure 8.B.19). While 72.6% of females strongly disagreed that tobacco is not as addictive as other drugs, 63% of males do so. Overall, a quarter of the male respondents (25.1%) agreed that tobacco is not as addictive as other drugs such as heroin or cocaine, while only 17.2% of females did so. This gender difference is statistically significant, $p<0.001$.

Females were more likely than males to strongly disagree that smoking cigarettes is a symbol of independence, $p<0.001$ (see Figure 8.B.20). Almost three-quarters of all females (73.9%) strongly disagreed that smoking cigarettes was a symbol of independence; 67.8% of males strongly disagreed with the statement.

Males' and females' attitudes regarding TI advertising at cultural and sporting events tends to be similar, with 70.5% of males and 75.2% females in favor of a ban on tobacco advertising cultural and sporting events. This slight gender difference is significant at $p<0.01$. These results are shown in Figure 8.B.21.

Figure 8.B.19. Respondents' Attitudes About Tobacco as Less Addictive Than Other Drugs by Gender

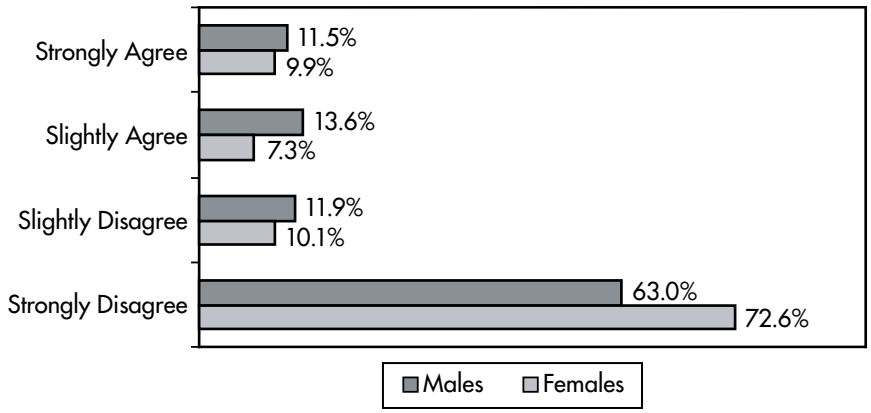


Figure 8.B.20. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Gender

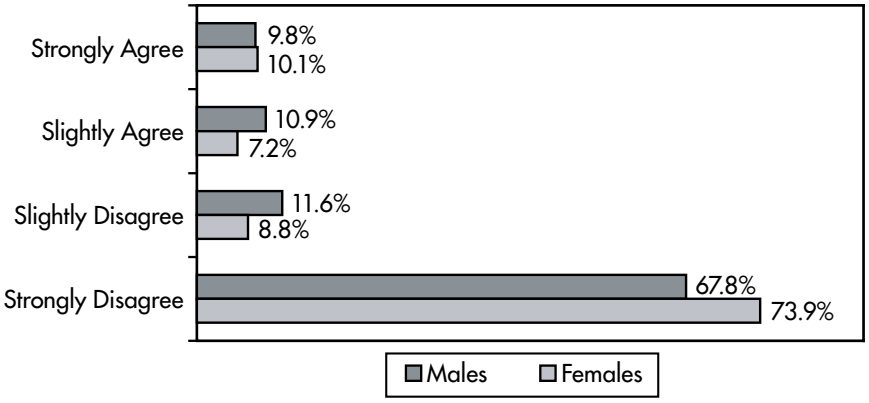
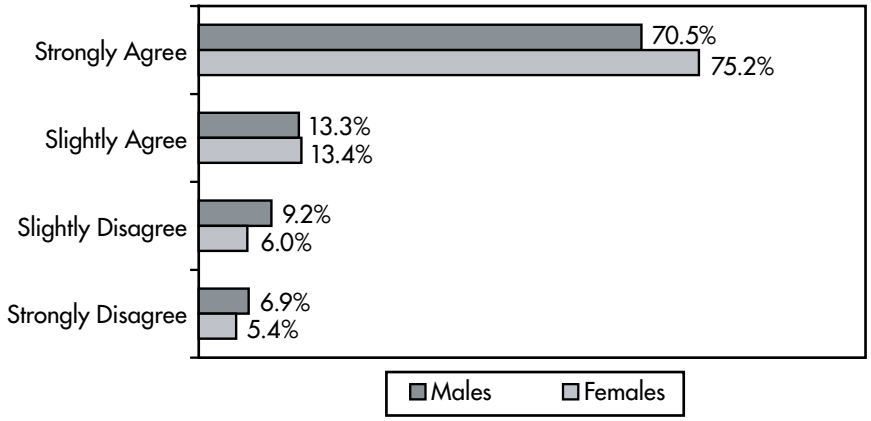


Figure 8.B.21. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Gender



In Figure 8.B.22, males and females significantly differed in their attitudes about the legitimacy of TI ($p<0.001$), with females more likely to agree that the production and sale of cigarettes should not be a legitimate business. While 47.2% of females strongly agreed that the production and sale of tobacco products should not be a legitimate business, only 34% of males strongly agreed.

Females were slightly more likely to strongly agree than males that TI spokespersons mislead the public when they say tobacco is not addictive (85.9% versus 82.8%). Although there exists a significant gender difference at the $p<0.01$ level, this difference is not substantively large.

Females (63.5%) were more likely than males (57.6%) to have strongly disagreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes. Although modest, this gender difference is statistically significant, $p<0.05$ (see Figure 8.B.24).

Following the analysis by gender, responses to the attitude questions were also examined as a function of generational status.

Figure 8.B.22. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Gender

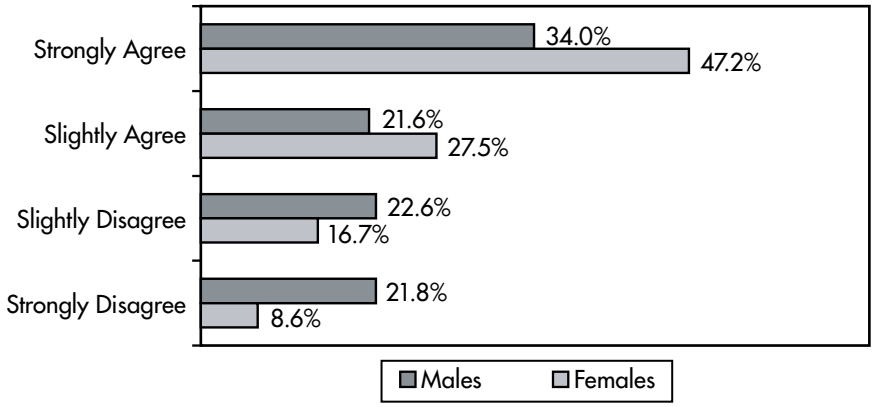


Figure 8.B.23. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Gender

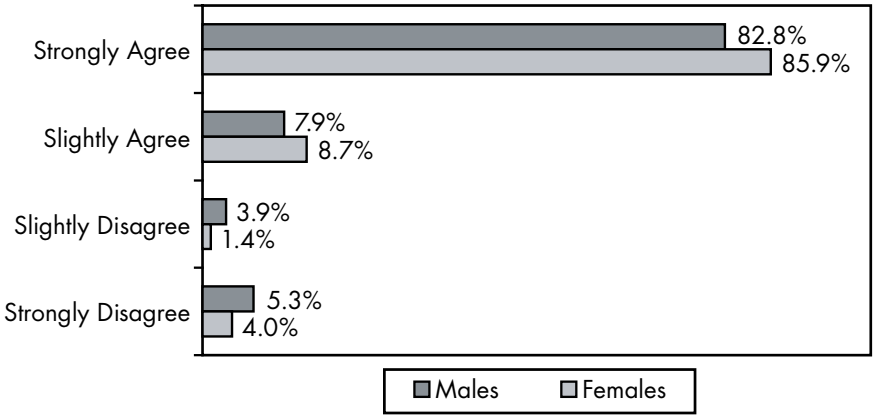
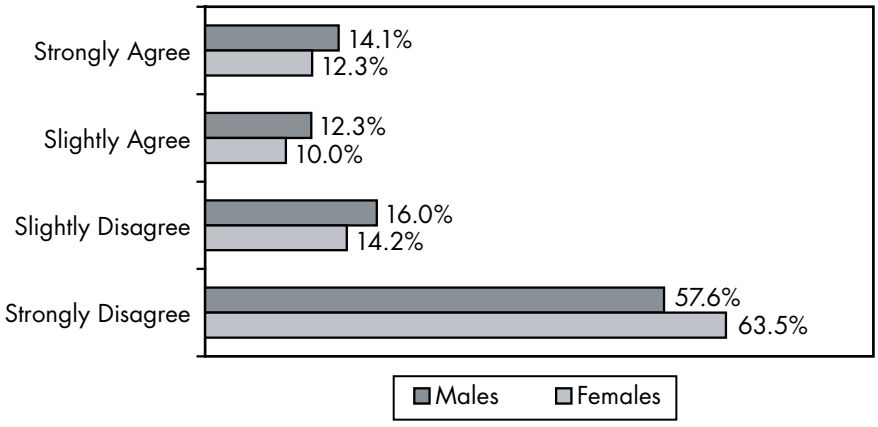


Figure 8.B.24. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Gender



The first attitude question addressed respondents' beliefs about the dangers of SHS. Over three-quarters of first generation respondents (78.8%) and second generation respondents (77%) strongly agreed that SHS is harmful to others. There exists no statistically significant differences between these two groups. This is shown in Figure 8.B.25.

Respondents agreed even more strongly that SHS is harmful to babies and children. There is no significant difference in first generation respondents' and second or higher generation respondents' attitudes on this issue, as shown in Figure 8.B.26.

There is no significant difference in first generation respondents' and second or higher generation respondents' attitudes about the harmfulness of smoking when pregnant; both groups strongly agreed smoking while pregnant is harmful to the developing fetus (see Figure 8.B.27).

Figure 8.B.25. Respondents' Attitudes About Harmfulness of Secondhand Smoke by Generation

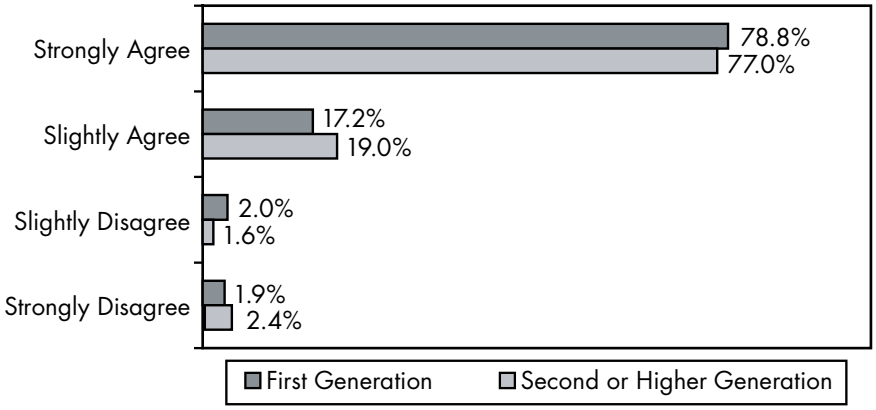


Figure 8.B.26. Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children by Generation

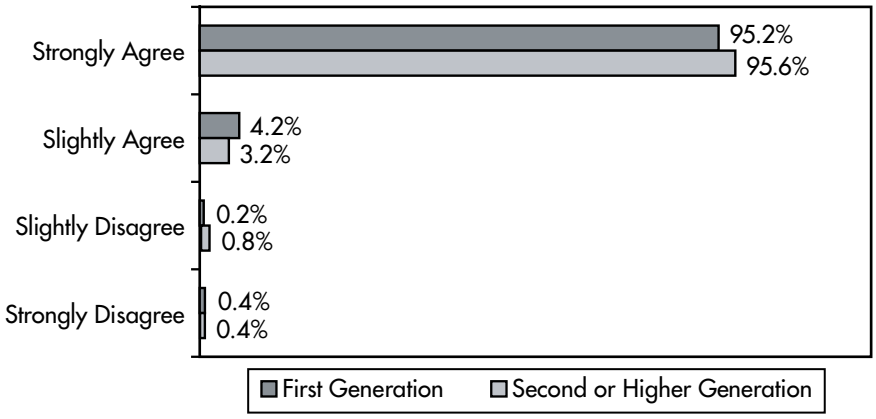
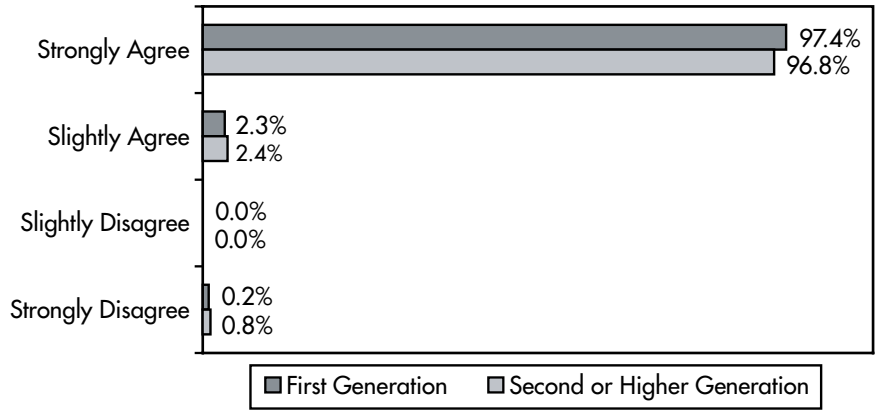


Figure 8.B.27. Respondents' Attitudes About Harmfulness of Smoking When Pregnant by Generation



Most respondents overall tend to prefer eating in smoke-free restaurants. First generation respondents were somewhat more likely to strongly indicate such a preference. However, first generation respondents were also more likely to strongly disagree with this statement, $p<0.001$. As shown in Figure 8.B.28, 91% of first generation respondents and 93.9% of second or higher generation respondents agreed that they prefer to eat in smoke-free restaurants.

A generational difference in attitudes about tobacco advertising is illustrated in Figure 8.B.29. However, most of the difference is seen between the strongly agree and slightly agree categories, with first generation respondents being more likely to strongly agree rather than only slightly agree that tobacco advertising encourages young people to start smoking. This difference by generational status is statistically significant, $p<0.001$.

Second or higher generation respondents (67.9%) were more likely than first generation respondents (54.9%) to have strongly agreed that tobacco companies could reduce the amount of nicotine in their products. However, there is not much difference in overall agreement- 88% as opposed to 85.4%. This statistically significant difference by generation, $p<0.001$, is presented in Figure 8.B.30.

Figure 8.B.28. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Generation

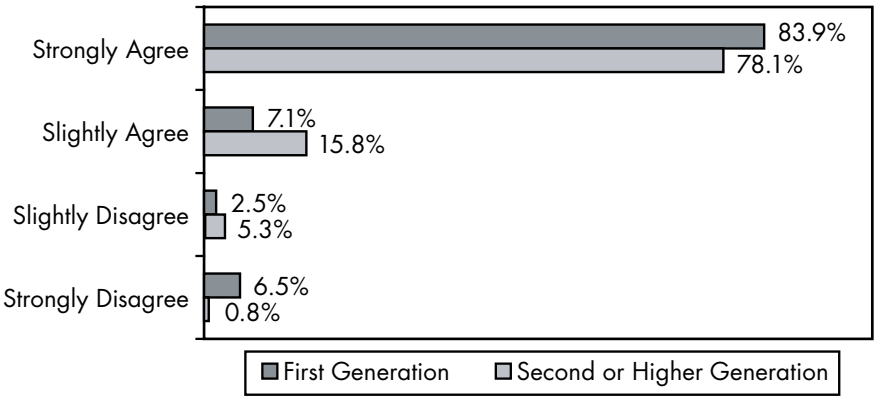


Figure 8.B.29. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Generation

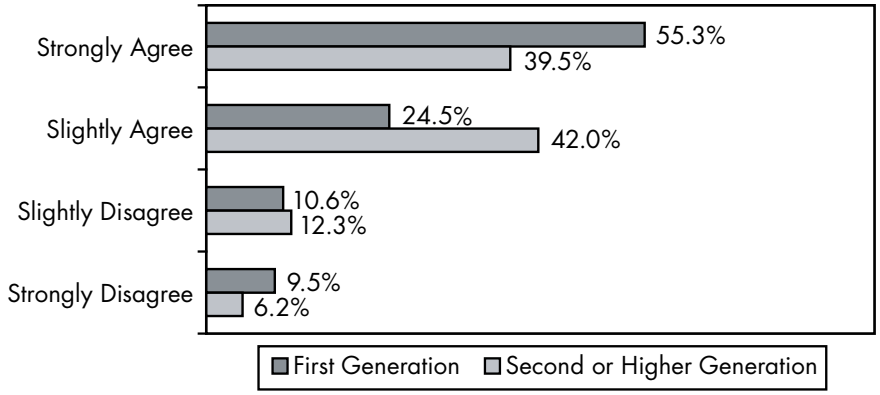
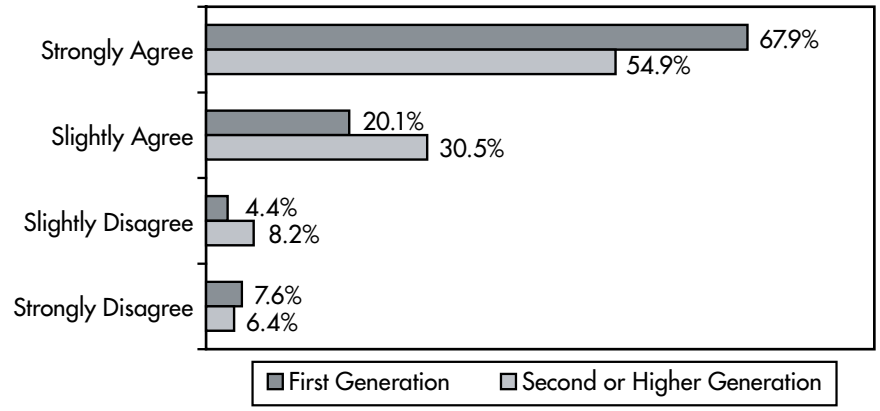


Figure 8.B.30. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Generation



Although most respondents recognized the highly addictive properties of tobacco, first generation respondents were more likely to believe tobacco is as addictive as heroin or cocaine. As shown in Figure 8.B31, first generation respondents (69.5%) were more likely than second generation respondents (55.6%) to strongly disagree that tobacco was not as addictive as other drugs, $p<0.001$.

First generation respondents (71.7%) were slightly more likely than second or higher generation respondents (65.6%) to have strongly disagreed that smoking is a symbol of independence. However, first generation respondents were also slightly more likely to have strongly agreed that smoking is a symbol of independence. This generational difference, shown in Figure 8.B.32, is statistically significant, $p<0.001$.

First generation respondents (76.4%) were significantly more likely than second or higher generation respondents (42.1%) to have strongly agreed that tobacco advertising should be banned from cultural and sporting events ($p<0.001$). This is presented in Figure 8.B.33.

Figure 8.B.31. Respondents' Attitudes About Tobacco as Less Addictive than Other Drugs by Generation

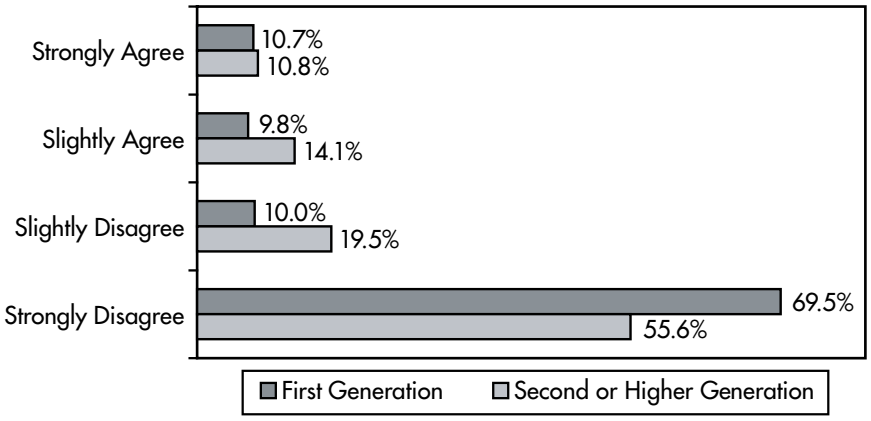


Figure 8.B.32. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Generation

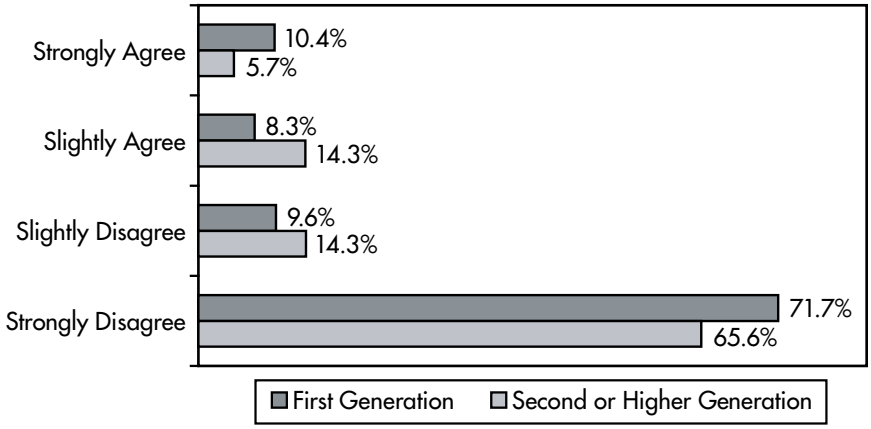
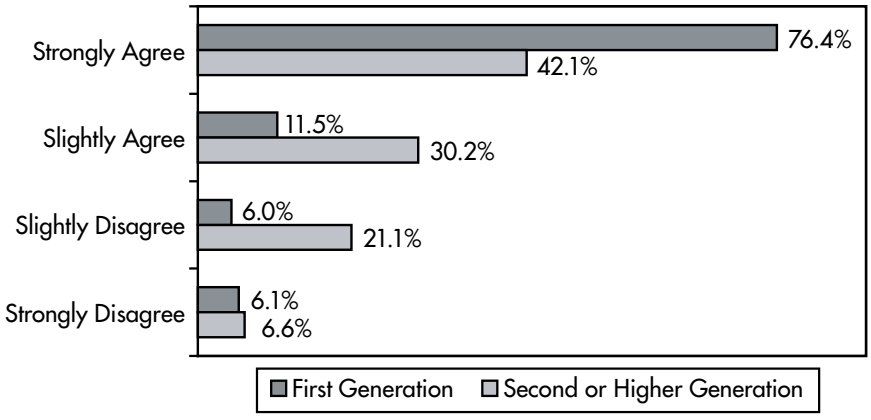


Figure 8.B.33. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Generation



First generation respondents were less likely to see the production and sale of tobacco as a legitimate business. As shown in Figure 8.B.34, 42.8% of first generation respondents strongly agreed that the production and sale of tobacco should *not* be a legitimate business, compared to 25.2% of second or higher generation respondents. This difference is statistically significant, $p<0.001$.

In Figure 8.B.35, there is a subtle but statistically significant difference ($p<0.001$) in first generation and second or higher generation respondents' attitudes about the truthfulness of messages from TI spokespersons. A total of 85.4% of first generation but 76.2% of second or higher generation respondents strongly agreed that TI spokespersons mislead the public when they say tobacco is not addictive.

There is no statistically significant difference in how first and second or higher generation respondents view the risks in smoking just a few cigarettes a day.

Figure 8.B.34. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Generation

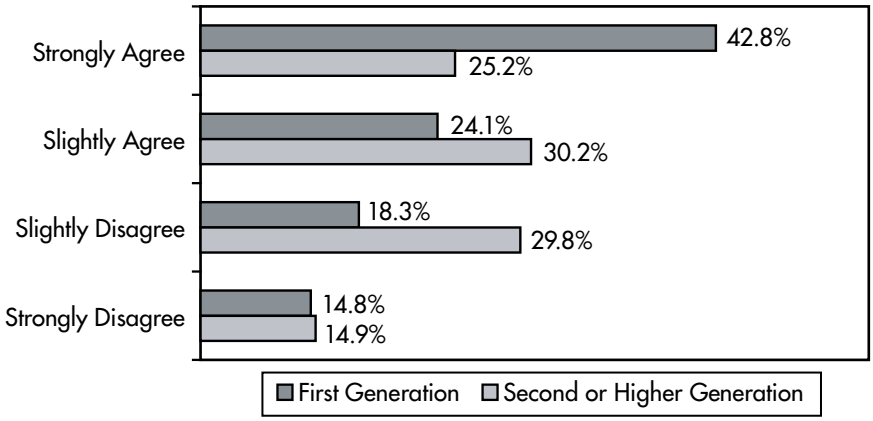


Figure 8.B.35. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Generation

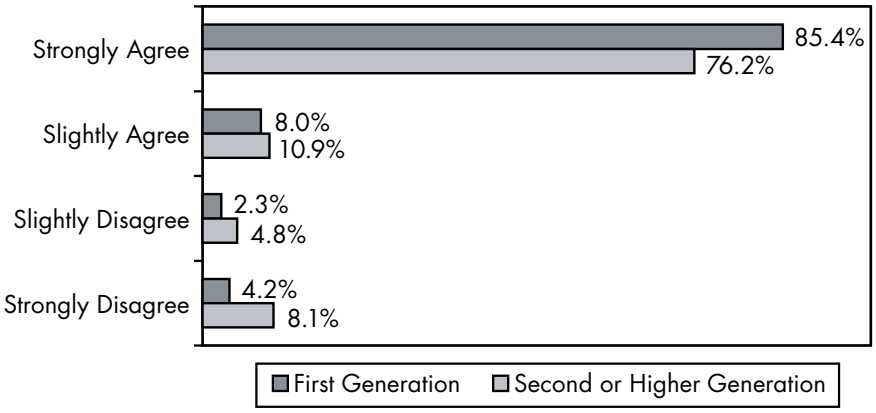
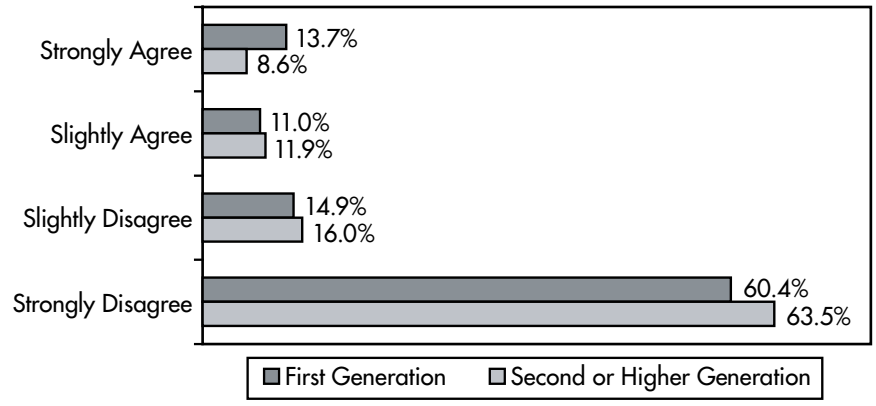


Figure 8.B.36. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Generation



Tables 8.B.1 and 8.B.2 summarize the respondents' attitudes about the risks of smoking, the dangers of SHS, and TI advertising. Each table presents the proportion of all respondents who strongly agreed or slightly agreed with each statement, as well as agreement as a function of gender and generation.

Table 8.B.1. Summary Table of Current Smokers' Attitudes by Gender and Generation

Attitude Statement	Percent Agree				
	All Current Smokers	Gender		Generation	
		Males	Females	First Generation	Second or Higher Generation
My smoking is harming my own health.	95.9%	96.5%	92.4%	95.4%	100.0%
I believe that I am addicted to cigarettes.	83.8%	82.9%	88.6%	83.7%	83.6%
My family would prefer ifI didn't smoke.	97.5%	97.2%	100.0%	97.2%	100.0%
My friends and colleagues would prefer if I didn't smoke.	69.0%	67.7%	75.5%	69.8%	63.6%

Table 8.B.2. Summary Table of All Respondents' Attitudes by Gender and Generation

Attitude Statement	Percent Agree				
		Gender		Generation	
	All Respondents	Males	Females	First Generation	Second or Higher Generation
Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	96.0%	94.4%	97.5%	96.0%	96.0%
Inhaling smoke from someone else's cigarettes harms the health of babies and children.	99.4%	98.9%	99.7%	99.4%	98.8%
If a woman smokes when pregnant, it will harm the health of her baby.	99.7%	99.7%	99.9%	99.7%	99.2%
I prefer to eat in restaurants that are smoke-free.	91.4%	89.0%	93.5%	91.0%	93.9%
Tobacco advertising encourages young people to start smoking.	80.0%	79.8%	80.1%	79.8%	81.5%
Tobacco companies can lower the nicotine content of tobacco products.	87.7%	86.3%	89.1%	88.0%	85.4%
Tobacco is not as addictive as other drugs such as heroin or cocaine.	20.9%	25.1%	17.2%	20.5%	24.9%
Smoking cigarettes is a symbol of independence.	18.9%	20.7%	17.3%	18.7%	20.0%
Tobacco industry advertising at cultural and sporting events should be banned.	86.4%	83.8%	88.6%	87.9%	72.3%
The production and sale of cigarettes should not be a legitimate business.	65.7%	55.6%	74.7%	66.9%	55.4%
Tobacco industry spokespersons mislead the public when they say tobacco is not addictive.	92.8%	90.7%	94.6%	93.4%	87.1%
If a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.	24.3%	26.4%	22.3%	24.7%	20.5%

8.C. Brand of Cigarette that Attracts Attention Most

Respondents were asked which brand of cigarettes attracted their attention the most with its advertisements. Almost half of respondents (49.1%) reported that no brand of cigarettes attracted their attention. Of those who did give a brand response, Marlboro was by far the most common response (73.3%), with Camel cigarettes being the second most common response (14.4%). Only 0.8% of respondents named a Korean brand as the brand of cigarettes that attracted their attention the most.

Table 8.C.1. Brand of Cigarette that Attracted the Most Attention

Brand Name	All Responses	Just Brand Names
555	1.2%	2.4%
Benson and Hedges	0.1%	0.1%
Camel	7.3%	14.4%
Carlton	0.1%	0.2%
Kent	0.0%	0.1%
Kool	0.4%	0.8%
Marlboro	37.3%	73.3%
Mild Seven	0.1%	0.1%
Newport	0.2%	0.3%
Pall Mall	0.1%	0.2%
Salem	0.3%	0.5%
Virginia Slims	1.4%	2.8%
Winston	0.1%	0.2%
Chinese Brand	1.9%	3.8%
Korean Brand	0.4%	0.8%
No Brand Attracted Attention	49.1%	
Total	100%	100%

Table 8.C.2 presents, by gender and by generation, respondents' report of the brand of cigarette whose advertising attracted their attention the most. Marlboro attracted the most attention from both males (76.4%) and females (69.9%). Camel was the second most common response for both males and females, 14% of males and 14.8% of females reported that Camel's advertising attracted their attention the most. After that Chinese brands attracted the most attention for males (4.7%) while Virginia Slims attracted the most attention for females (5.3%). Table 8.C.2 also presents brand attractiveness by generational status. Both first generation respondents (76.4%) and second or higher generation respondents (57.2%) reported that Marlboro advertisements attracted their attention the most. Camel was the second most common response for both groups; however, while only 13% of first generation respondents reported that they noticed Camel advertising the most, 21.9% of second or higher generation respondents were most attracted to the Camel brand of cigarettes.

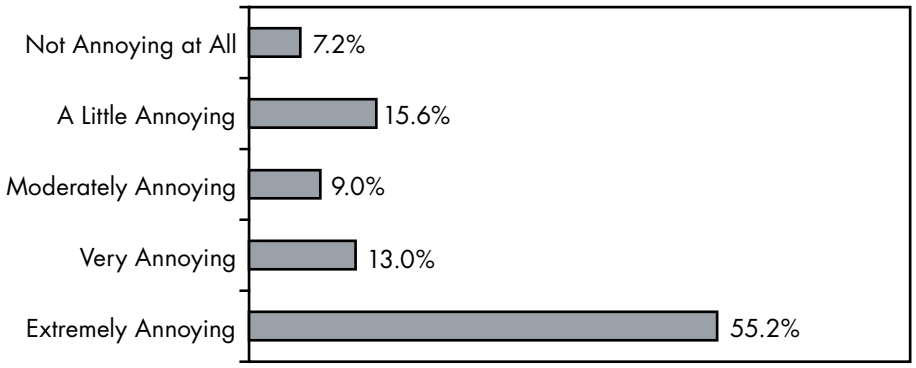
Table 8.C.2. Brand of Cigarette that Attracted the Most Attention by Gender and by Generation

Brand Name	Gender		Generation	
	Male	Female	First Generation	Second or Higher Generation
555	1.9%	3.0%	1.3%	8.5%
Benson and Hedges	0.1%	0.2%	0.0%	0.5%
Camel	14.0%	14.8%	13.0%	21.9%
Carlton	0.0%	0.5%	0.2%	0.0%
Kent	0.0%	0.2%	0.1%	0.0%
Kool	0.6%	1.0%	0.5%	2.5%
Marlboro	76.4%	69.9%	76.4%	57.2%
Mild Seven	0.0%	0.2%	0.1%	0.0%
Newport	0.6%	0.0%	0.0%	2.0%
Pall Mall	0.4%	0.0%	0.3%	0.0%
Salem	0.1%	1.0%	0.5%	0.5%
Virginia Slims	0.6%	5.3%	2.8%	2.5%
Winston	0.3%	0.0%	0.1%	0.5%
Chinese Brand	4.7%	2.8%	3.8%	4.0%
Korean Brand	0.3%	1.3%	0.9%	0.0%
Total	100%	100%	100%	100%

8.D. Opinion Regarding Smoking

Over half of all respondents (55.2%) found other people's smoking to be extremely annoying. Another 22% found others' smoking to be very annoying or moderately annoying, while only 7.2% reported that they were not annoyed at all by other people's smoking. Responses to this question are summarized in Figure 8.D.1.

Figure 8.D.1. Respondents' Opinion of Other People's Smoking



Over half (58.1%) of all respondents had asked someone not to smoke in the past 12 months, as shown in Figure 8.D.2.

Figure 8.D.3 shows that of those respondents who had asked someone not to smoke in the past 12 months, a third (33.9%) had asked a friend not to smoke on the most recent occasion. For 6% of respondents, the person they last asked not to smoke was a stranger or parent.

In Figure 8.D.4, females were significantly more likely than males to find other people's smoking annoying ($p<0.001$). While 66.8% of females were either extremely annoyed or very annoyed by other people's smoking, only 41.8% of males reported being extremely annoyed or very annoyed by the smoking of others.

Figure 8.D.2. Percent of Respondents Who Have Asked Someone Not to Smoke in the Past 12 Months

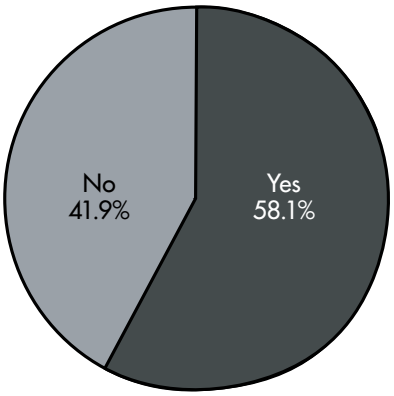


Figure 8.D.3. Person Respondents Asked Not to Smoke on Most Recent Occasion

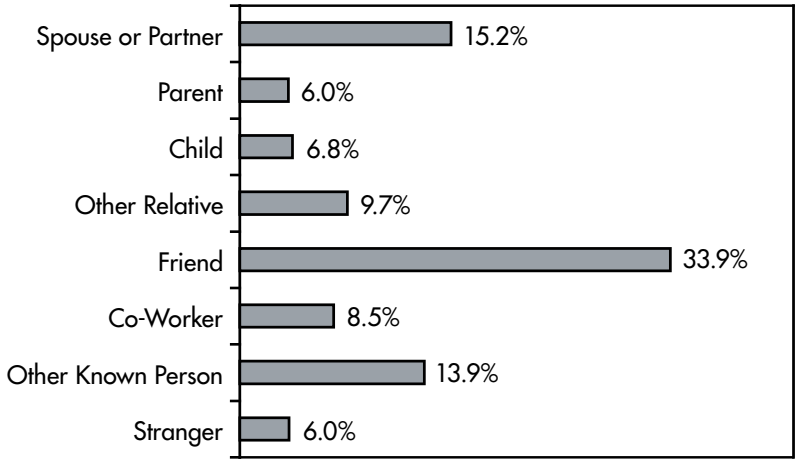


Figure 8.D.4. Respondents' Opinion of Other People's Smoking by Gender

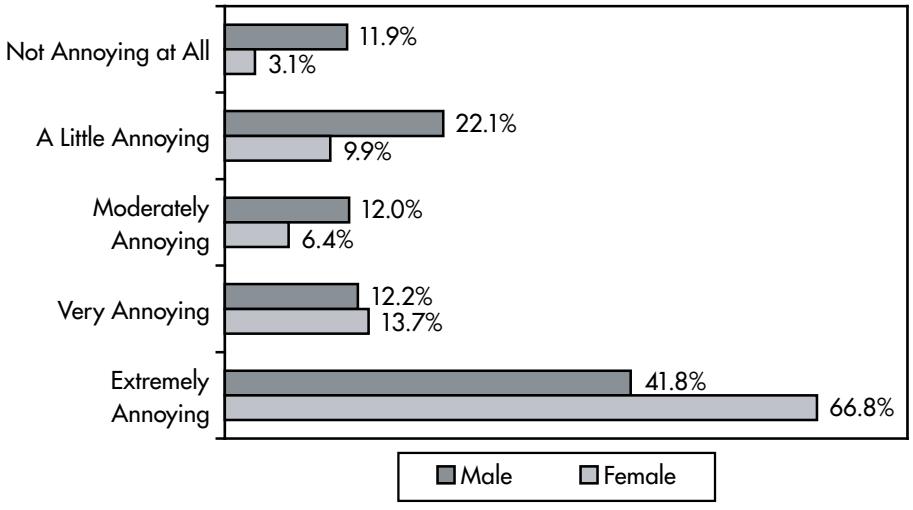
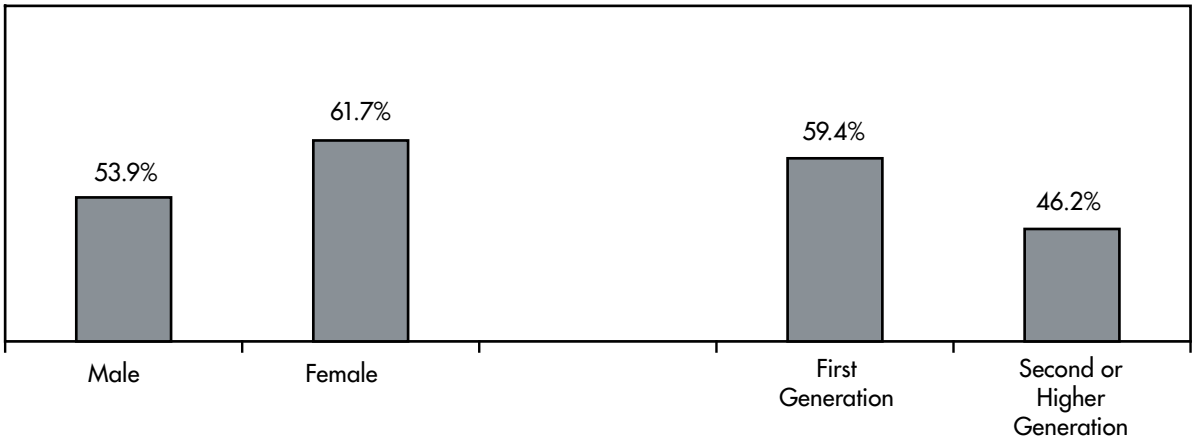


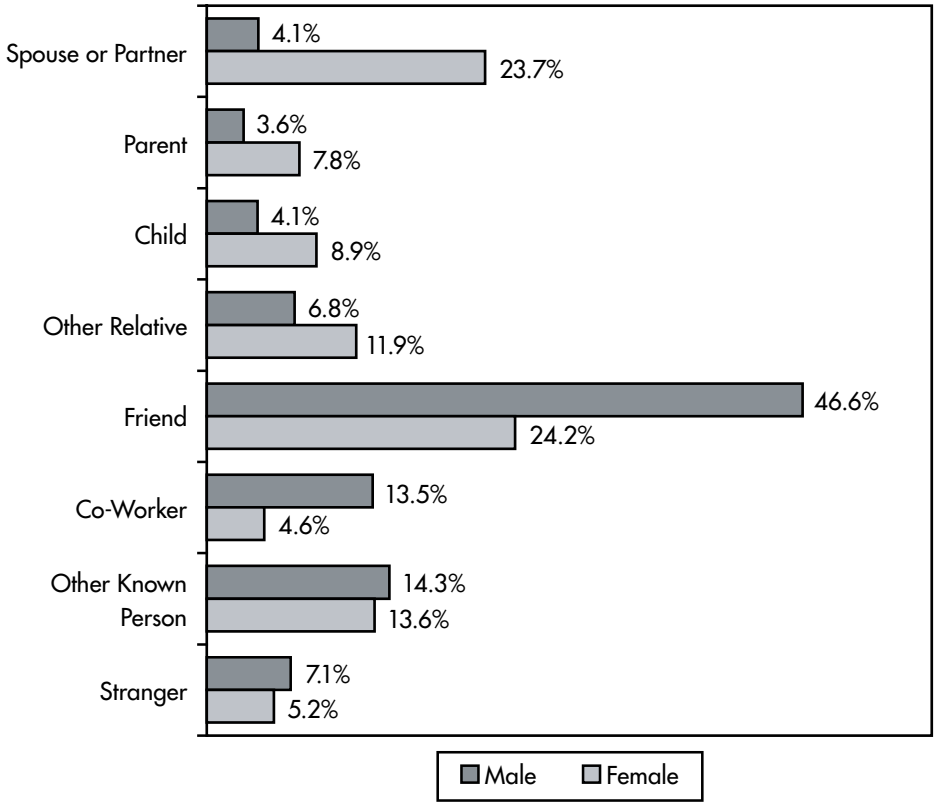
Figure 8.D.5. Percent of Respondents Who Have Asked Someone Not to Smoke in the Past 12 Months by Gender



Females (61.7%) were significantly more likely than males (53.9%) to have asked someone to stop smoking in the past 12 months ($p<0.001$), as shown in Figure 8.D.5. Also shown was a generational difference in being annoyed by others' smoking. First generation respondents (59.4%) were more likely than second or higher generation individuals (46.2%) to have asked someone to stop smoking in the past 12 months, $p<0.001$.

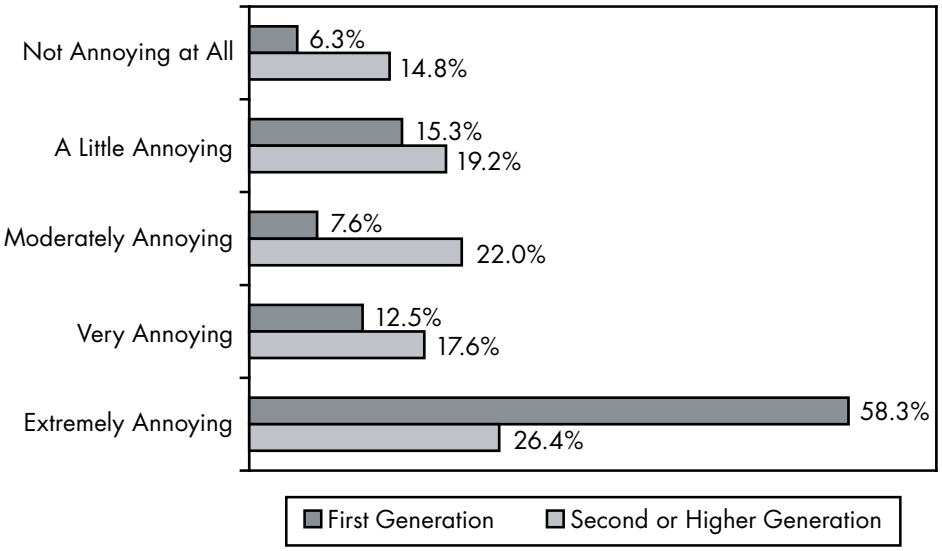
Not only were women more likely to ask someone to stop smoking, but, compared to men, women also tend to ask different individuals to stop smoking. There are statistically significant differences ($p<0.001$) as to whom males and females asked to stop smoking on the most recent occasion. Females (23.7%) were much more likely than males (4.1%) to ask their spouse to not smoke. This difference is likely due to higher rates of smoking among males. Males tend to ask friends not to smoke, 46.6% for males compared to 24.2% for females. These results are presented in Figure 8.D.6.

Figure 8.D.6. Person Respondents Asked Not to Smoke on Most Recent Occasion by Gender



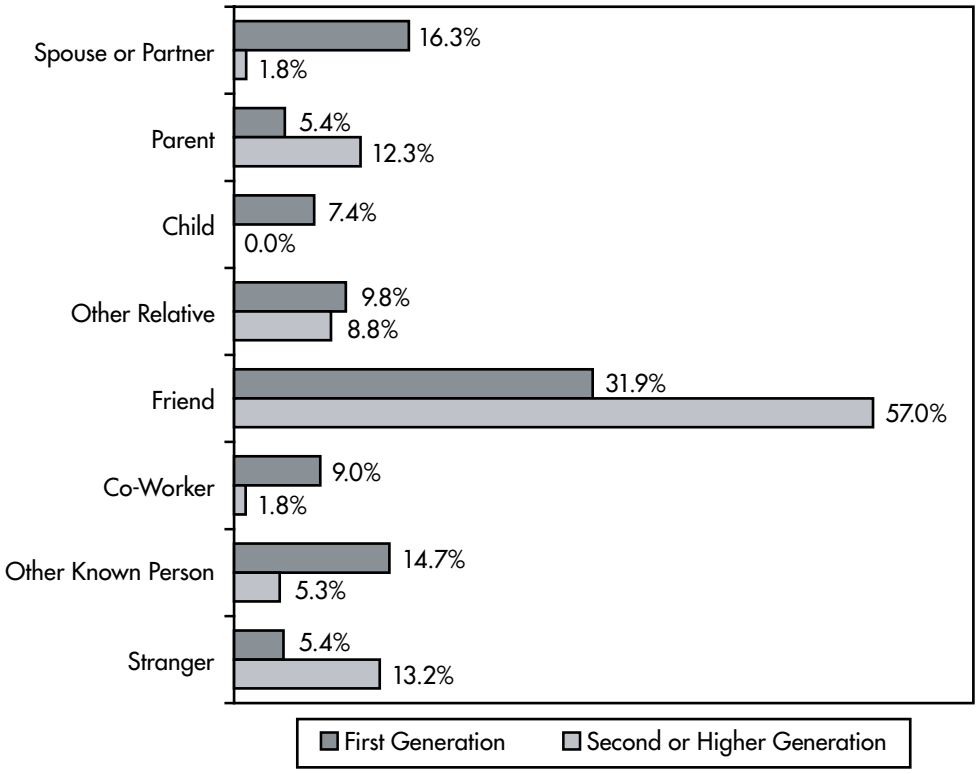
The results for this question were also examined by generational status. As shown in Figure 8.D.7, first generation respondents were more likely than second or higher generation respondents to report that they were extremely annoyed by the smoking of others. While 58.3% of first generation respondents were extremely annoyed by other people's smoking, only 26.4% of second or higher generation respondents were extremely annoyed. Additionally, 14.8% of second or higher generation respondents reported that they were not at all annoyed by the smoking of others, compared to 6.3% of first generation respondents, $p<0.001$.

Figure 8.D.7. Respondents' Opinion of Other People's Smoking by Generation



Among the respondents who had asked someone to stop smoking, there are statistically significant generational differences in whom respondents asked to not smoke ($p<0.001$). First generation respondents were more likely than second or higher generation respondents to ask their spouse, child, co-worker, or some other known person (not family, a friend or a co-worker) to stop smoking. Second generation respondents were more likely to ask their parent, friend, or a stranger not to smoke. This is shown in Figure 8.D.8.

Figure 8.D.8. Person Respondents Asked Not to Smoke on Most Recent Occasion by Generation



8.E. Relationship Between Attitudes, Knowledge, and Smoking Behavior

This section examines attitudes toward smoking as they relate to respondents' reported smoking behaviors. Conventionally, attitudes are studied because they are presumed to be predictive of behavior. However, research has demonstrated that even highly accurate attitude measures do not always predict specific behaviors-other factors such as social or cultural norms or perceived control over a particular behavior (such as one's ability to quit smoking) may impact a particular behavior independently of one's attitude toward that behavior.[19] Thus, it is important to examine *both* attitudes and their corresponding behaviors to understand more about the relationship between them.

After an initial review, the 12 questions intended to assess respondents' attitudes about smoking and TI were analyzed to determine if they could be combined or consolidated. This was desirable so that SRG could establish one or more overall indices that would represent respondents' attitudes toward smoking. Using combined measures captures different dimensions of respondents' attitudes and ultimately produces a more reliable and valid measure.[20] However, individual items may only be combined if there is a sufficient relationship between them. If individual questions appear to be measuring very different constructs, or if there is little consistency in respondents' answers to the questions, then nothing is gained from collapsing items into an overall index-in fact, valuable information would be lost. Correspondingly, a series of statistical analyses were performed to determine whether nor not it would be appropriate to combine the attitude measures, and if so, what the most appropriate indices would be.

First, exploratory factor analysis was used to identify questions that had themes similar enough to be combined into indices. This statistical technique explores a set of variables to see which variables tend to "hang together." This analysis revealed that one index could be created from the first three of the twelve attitudinal questions: *"Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker," "Inhaling smoke from someone else's cigarette harms the health of babies and children,"* and *"If a woman smokes when pregnant, it will harm the health of her baby."* These three questions seem to represent different aspects of this one overall attitude, which we labeled *"Smoking can be harmful to others."*

As a next step, AMOS was used to conduct a confirmatory factor analysis. The goal of this analysis was to determine if the potential indices that had been identified in the exploratory analysis were statistically valid and to explore other combinations of variables that seemed to make intuitive sense. Although several combinations of variables seemed to make sense, no other combinations of the attitude measures were found to describe the data better than the individual items on their own. The exception to this, however, continued to be the combination of three variables representing the attitude, *"Smoking can be harmful to others."* Once again, the factor analysis indicated that the first three attitude questions seemed to "hang together" well.

On the basis of these two analyses, SRG had sufficient confidence in this factor to combine the three variables into one index representing the belief that smoking is harmful to others. As a final step, reliability tests (specifically, Cronbach's alpha) were conducted. This analysis determines how well a set of items measures a single latent construct-in this case, an attitude.[21] As a general rule, items should not be combined unless Cronbach's alpha is at least 0.70.[22] The obtained value for alpha from this analysis was 0.70, providing further evidence that these variables could be meaningfully combined into one index.

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[19] Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11–39). Heidelberg: Springer.

[20] Eagly, A., & Chaiken, S. (1993). Psychology of Attitudes. NY: Harcourt, Brace Jovanovich.

[21] Alpha represents the average inter-item correlation for a set of variables. When data are measuring different constructs, the average inter-item correlation is low, and thus the computed value for alpha will be low. As the average inter-item correlation increases, Cronbach's alpha also increases; this provides evidence that the items are measuring the same underlying construct.

[22] Nunnaly, J. (1978). *Psychometric theory.* New York: McGraw-Hill.

As presented in Table 8.E.1, attitudes about how harmful smoking is to others vary as a function of smoking status. Specifically, current smokers were less likely than former or never smokers to believe that smoking is dangerous to other people. Only 91.2% of current smokers strongly agreed that smoking could be harmful to others, while 98.3% of never smokers and 95.1% of former smokers strongly agreed. These differences by smoking status are statistically significant, $p<0.001$.

Table 8.E.1. Respondents' Opinions of the Harmfulness of Smoking to Others by Smoking Status

Smoking Can Be Harmful to Others	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	98.3%	95.1%	91.2%
Slightly Agree	1.0%	3.2%	5.8%
Slightly Disagree	0.6%	1.1%	2.7%
Strongly Disagree	0.1%	0.6%	0.3%
Total	100%	100%	100%

Current smokers were much more likely to either strongly disagree or slightly disagree (21.1%) that they "prefer to eat in restaurants that are smoke-free" than former smokers (7.5%) or never smokers (6.2%). These statistically significant group differences ($p<0.001$) are presented in Table 8.E.2.

Table 8.E.2. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Smoking Status

I Prefer to Eat in Restaurants That Are Smoke-Free	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	88.2%	84.9%	60.2%
Slightly Agree	5.7%	7.6%	18.7%
Slightly Disagree	1.6%	1.6%	9.5%
Strongly Disagree	4.6%	5.9%	11.6%
Total	100%	100%	100%

In Table 8.E.3, current smokers were less likely to strongly agree that tobacco advertising encourages young people to smoke (44.9%) than former smokers (57.2%) or never smokers (54.7%). These differences by smoking status are statistically significant, $p<0.001$.

Table 8.E.3. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Smoking Status

Tobacco Advertising Encourages Young People to Start Smoking	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	54.7%	57.2%	44.9%
Slightly Agree	26.2%	25.4%	27.8%
Slightly Disagree	10.7%	7.5%	15.2%
Strongly Disagree	8.4%	9.9%	12.0%
Total	100%	100%	100%

Table 8.E.4, illustrates that smoking status does not seem to influence attitudes about tobacco companies' ability to lower the nicotine content of their products. There are no statistically significant differences between never smokers, former smokers, or current smokers.

Table 8.E.4. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Smoking Status

Tobacco Companies Can Lower the Nicotine Content of Tobacco Products	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	67.6%	64.1%	64.2%
Slightly Agree	21.4%	19.9%	22.6%
Slightly Disagree	4.5%	4.8%	6.1%
Strongly Disagree	6.5%	11.2%	7.0%
Total	100%	100%	100%

In Table 8.E.5, never smokers were the least likely to agree that tobacco is not as addictive as other drugs such as heroin or cocaine (18%), followed by former smokers (20.1%) and current smokers (34.8%), who were most likely to believe that tobacco is not as addictive as other drugs. These differences are statistically significant, $p<0.001$.

Table 8.E.5. Respondents' Attitudes About Tobacco as Less Addictive Than Other Drugs by Smoking Status

Tobacco is Not as Addictive as Other Drugs Such as Heroin or Cocaine	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	9.3%	11.1%	15.8%
Slightly Agree	8.7%	9.0%	19.0%
Slightly Disagree	10.4%	9.6%	14.7%
Strongly Disagree	71.6%	70.4%	50.4%
Total	100%	100%	100%

Current smokers were more likely to agree (26.1%) that smoking is a symbol of independence than former smokers (17.2%) and never smokers (17.6%). These differences by smoking status, $p<0.001$, are presented in Table 8.E.6.

Table 8.E.6. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Smoking Status

Smoking Cigarettes is a Symbol of Independence	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	9.6%	7.9%	14.0%
Slightly Agree	8.0%	9.3%	12.1%
Slightly Disagree	8.1%	12.9%	14.8%
Strongly Disagree	74.3%	69.8%	59.1%
Total	100%	100%	100%

Although over three-quarters of never smokers (75.1%) and former smokers (77.4%) strongly agree that advertising tobacco products at cultural and sporting events should be banned, only 57.8% of current smokers did so. These group differences, seen in Table 8.E.7, are significant at the p<0.001 level.

Table 8.E.7. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Smoking Status

Tobacco Industry Advertising at Cultural and Sporting Events Should be Banned	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	75.1%	77.4%	57.8%
Slightly Agree	13.0%	10.3%	19.2%
Slightly Disagree	6.3%	7.4%	12.9%
Strongly Disagree	5.6%	4.9%	10.1%
Total	100%	100%	100%

While 46.7% of never smokers and 35.8% of former smokers strongly agreed that the production and sale of cigarettes should not be a legitimate business, only 23.5% of current smokers strongly agreed. These differences by smoking status, presented in Table 8.E.8, are statistically significant, p<0.001.

Table 8.E.8. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Smoking Status

The Production and Sale of Cigarettes Should Not Be a Legitimate Business	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	46.7%	35.8%	23.5%
Slightly Agree	26.5%	24.2%	17.8%
Slightly Disagree	18.1%	20.3%	24.3%
Strongly Disagree	8.7%	19.7%	34.5%
Total	100%	100%	100%

The next attitude question asked whether respondents believed TI statements indicating tobacco is not addictive are misleading to the public. Over three-quarters of never smokers (85.4%), former smokers (87.1%), and current smokers (77%) strongly agreed with this statement. Agreement is significantly higher for never and former smokers at the p<0.001 level.

Table 8.E.9. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Smoking Status

Tobacco Industry Spokespersons Mislead the Public When They Say Tobacco is Not Addictive	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	85.4%	87.1%	77.0%
Slightly Agree	8.6%	5.2%	11.1%
Slightly Disagree	1.9%	2.9%	4.7%
Strongly Disagree	4.0%	4.8%	7.1%
Total	100%	100%	100%

Current smokers were much more likely to believe that if a person smokes only five cigarettes per day, that person's chance of getting cancer is about the same as someone who never smokes; 31.8% of all current smokers, 24.2% of former smokers, and 22.5% of never smokers either strongly or slightly agree that smoking only five cigarettes per day is the same as not smoking at all with regard to lung cancer. These statistically significant differences, $p<0.001$, are presented in Table 8.E.10.

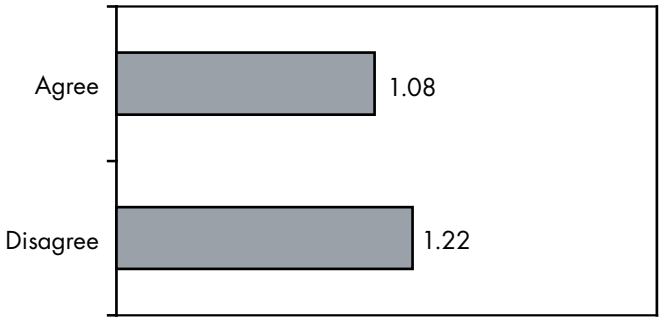
Table 8.E.10. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Smoking Status

If a Person Smokes Only Five Cigarettes per Day, Their Chance of Getting Cancer is About the Same as Someone Who Never Smokes	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	12.4%	13.9%	15.3%
Slightly Agree	10.1%	10.3%	16.5%
Slightly Disagree	13.7%	15.3%	20.1%
Strongly Disagree	63.8%	60.4%	48.2%
Total	100%	100%	100%

8.F. Relationship Between Attitudes, Knowledge, and Korean Media Consumption

A final series of analyses were performed to investigate the relationship between exposure to anti-smoking messages in the Korean media, and whether increased exposure to such messages is related to a difference in tobacco related attitudes.

Figure 8.F.1. Opinions of the Harmfulness of Smoking to Others by Mean Korean Media Consumption



For each analysis, the primary dependent measure was the number of Korean media sources in which the respondent remembered seeing anti-smoking messages-zero, one, two, or three.[23] The average number of sources for individuals who strongly or slightly agreed with each statement ("agree") was compared to the average number of sources recalled by individuals who strongly or slightly disagreed with each statement ("disagree"). A difference of means test was conducted for the attitude index, "smoking is

[23] See Section 7.F. of this report for an explanation of how this variable was constructed.

harmful to others" and for all other individual attitude items. Any differences between the two groups indicates that individuals who agree with the attitude statements reported increased or decreased levels of exposure to anti-smoking messages compared with individuals who disagreed with the statements.

First, exposure to anti-smoking messages in the Korean media was calculated for individuals who agreed and disagreed that smoking is harmful to others. Mean exposure ratings are shown in Figure 8.F.1. The analysis indicates there are no significant differences in exposure to anti-smoking messages in Korean media between those who agreed that smoking is harmful to others and those who did not agree that smoking is harmful to others.

Individual attitude statements were analyzed next. In regards to individuals' preference for eating in smoke-free restaurants, those respondents who agree that they prefer to eat in smoke-free restaurants recall being exposed to fewer anti-smoking messages than respondents who disagree with the statements, $p<0.02$ (see Figure 8.F.2).

There was no statistically significant difference between individuals who agreed and disagreed that tobacco advertising encourages young people to start smoking (see Figure 8.F.3).

Likewise, there was no statistically significant difference in media exposure regarding attitudes about tobacco companies' ability to lower nicotine levels (as shown in Figure 8.F.4).

Figure 8.F.2. Attitudes About Preferring to Eat in Smoke-Free Restaurants by Mean Korean Media Consumption

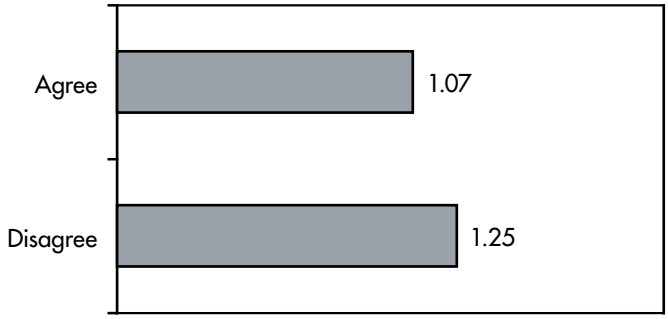


Figure 8.F.3. Belief that Tobacco Advertising Encourages Youth to Smoke by Mean Korean Media Consumption

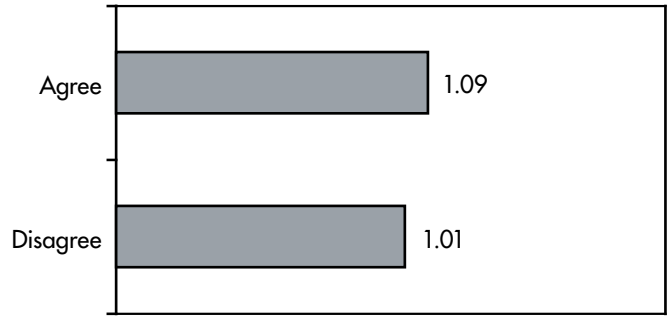


Figure 8.F.4. Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Mean Korean Media Consumption

Statistical tests found no significant differences between those who agreed that tobacco is not as addictive as other drugs and those who did not agree that tobacco is not as addictive as other drugs in their exposure to anti-smoking messages in Korean media. Means are presented in Figure 8.F.5.

Those who agreed that cigarettes are a symbol of independence recall being exposed to anti-smoking messages in more types of Korean media than those who did not agree with this statement, $p<0.003$ (see Figure 8.F.6).

Those who agreed that tobacco advertising should be banned at public events recalled being exposed to anti-smoking messages in more types of Korean media than those who did not agree with this statement, $p<0.003$ (see Figure 8.F.7).

Figure 8.F.5. Attitudes About Tobacco as Less Addictive Than Other Drugs by Mean Korean Media Consumption

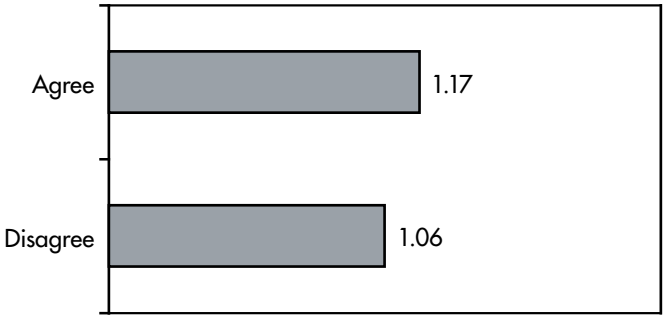


Figure 8.F.6. Attitudes About Cigarettes as a Symbol of Independence by Mean Korean Media Consumption

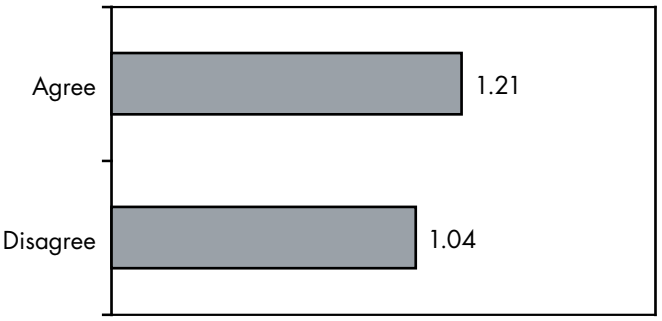
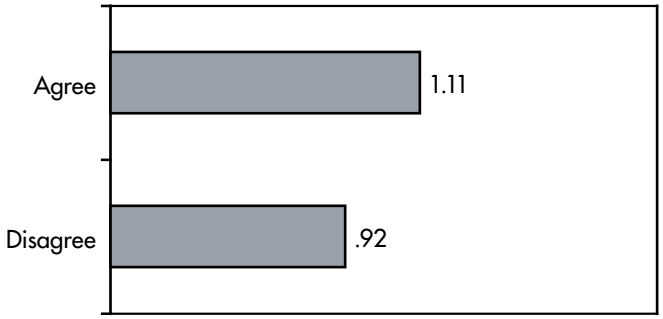


Figure 8.F.7. Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Mean Korean Media Consumption



Similarly, significant differences were also found between those who agreed that the production and sale of cigarettes should not be a legitimate business and those who did not agree with this idea in exposure to anti-smoking messages in Korean media, $p<0.001$, as seen in Figure 8.F.8.

Respondents who agreed that TI spokespersons mislead the public when they say tobacco is not addictive recall greater exposure to anti-smoking messages in Korean media types than those who did not agree with this idea, $p<0.03$. Means are presented in Figure 8.F.9.

Although there were many differences in exposure to anti-smoking messages in Korean media between those who agreed and disagreed with the various attitude statements, there was no significant difference based on beliefs about cancer risks for those who smoke just a few cigarettes a day. Means are presented in Figure 8.F.10.

Figure 8.F.8. Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Mean Korean Media Consumption

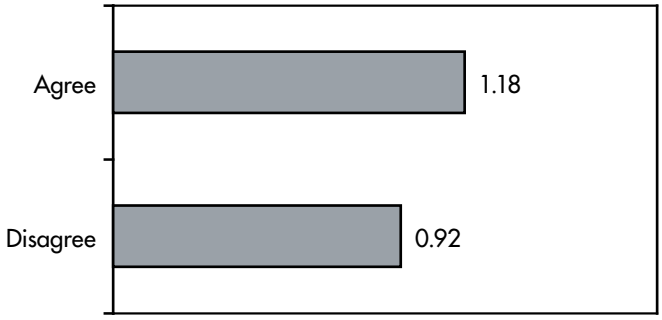


Figure 8.F.9. Attitudes About Tobacco Industry Spokespersons Misleading the Public by Mean Korean Media Consumption

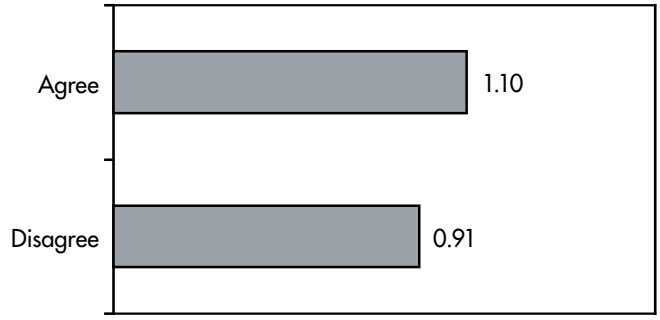
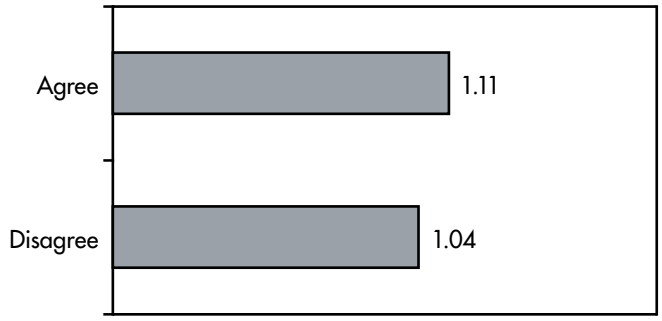


Figure 8.F.10. Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Mean Korean Media Consumption



Appendix A: **California Korean American Tobacco Use Survey Questionnaire**

adults
In order to determine who to interview, could you please tell me, how many adults 18 years of age or older of Chinese/Korean descent are currently living in your household?

인터뷰하시는 분을 결정하기 위해서 질문을 드리겠습니다. 귀하의 가정에
18 세이상의 미국에서 출생하신 분을 포함한 한국인 가족이 현재
몇분이나 계시는지 말씀해주시겠습니까?

0. NONE
1-15 ADULTS
77. EXIT CASE
88. DK
99. RF

qscreen
How many of those adults 18 years old or older were born in the USA?

18 세 이상의 성인분들 중에서 미국에서 출생하신분
은 몇 분이십니까?

0. NONE
1-7 ADULTS

q2
Of those born in the United States, who had the last birthday? I don't mean who is the youngest, just who had a birthday last.

1. INFORMANT
2. SOMEONE ELSE
3. DON'T KNOW ALL BIRTHDAYS,ONLY SOME
4. DONT KNOW ANY BIRTHDAYS OTHER THAN OWN
8. DK
9. RF

응답자를 결정하기 전에,
가장 최근에 생일을 맞은 18 세 이상의 가족이 현재 같이 살고 있습니까?
누가 가장 나이가 적은가가 아니라,
그냥 누가 가장 최근에 생일을 맞이했는가를 여쭤보는 것입니다.

1. 정보 제공자
2. 다른 사람
3. 가족들 생일을 모두 기억하지는 못한다
4. 자신의 생일밖에 기억하지 못한다
8. DK
9. RF

q2a
Of the birthdays do you know, who had the most recent birthday?

1. INFORMANT
2. SOMEONE ELSE
8. DK
9. RF

기억하시는 생일들 중에서, 누가 가장 최근에 생일을 맞이하셨습니까?

1. 정보 제공자
2. 다른 사람
8. DK
9. RF

q3
First, May I verify that you are of Chinese or Korean descent?

1. CHINESE
2. KOREAN
3. BIRACIAL/MULTIRACIAL CHINESE(Specify)
4. BIRACIAL/MULITRACIAL KOREAN (Specify)
5. NO
8. DK
9. RF

면접 대상이 되는지 결정하기 위하여 제가 몇 가지 질문을 드리겠습니다.
선생님은 한국분이신가요?

1. CHINESE
2. 예
3. 혼혈(biracial) 또는 다민족(multiracial) Chinese (명시)
4. 혼혈(biracial)또는 다민족(multiracial) Korean (명시)
5. 아니오
8. DK
9. RF

q4
In what country were you born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREAN
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY {SPECIFY}
8. DK
9. RF

어느 나라에서 출생하셨나요?

1. 중국 본토
2. 홍콩
3. 한국
4. 미국
5. 다른아시아 국가 (명시 국가명)
6. 다른 국가 (명시 국가명)
8. DK
9. RF

q5
In what country was your mother born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

모친은 어느 나라에서 출생하셨나요?

1. 중국 본토
2. 홍콩
3. 한국
4. 미국
5. 다른 아시아 국가 (명시 국가명)
6. 다른국가 (명시 국가명)
8. DK
9. RF

q6
In what country was your father born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

부친은 어느 나라에서 출생하셨나요?

1. 중국 본토

2. 홍콩
3. 한국
4. 미국
5. 다른 아시아 국가 (명시 국가명)
6. 다른국가 (명시 국가명)
8. DK
9. RF

q7
Which language do you prefer using?

1. MANDARIN(PUTONGHUA)
2. CANTONESE
3. TOYSHAN
4. ENGLISH
5. KOREAN
6. OTHER(SPECIFY)
8. DK
9. RF

어떤 언어가 가장 사용하시기 편하시나요?

1. 중국어(만다린)
2. 중국어 (켄토니즈)
3. 토이샨 (TOYSHAN)
4. 영어
5. 한국어
6. 기타 언어 (명시 언어명)
8. DK
9. RF

q8
How many children, less than 18 years of age, live in your household?

1-20(RECORD NUMBER)
0. NONE
88. DK
99. RF

지금 사시는 가정에 18 세 미만의 가족이 몇이나 되나요?

1-20 (숫자 기록)
0. 없음
88. DK
99. RF

q9
What county do you live in?
INTERVIEWER-ENTER COUNTY NUMBER FROM LIST

777-OTHER/DON'T KNOW- PROBE FOR CLOSEST CITY
999-RF

어느 카운티에 살고 계시나요?

INTERVIEWER-ENTER COUNTY NUMBER FROM LIST

777-OTHER/DON'T KNOW- PROBE FOR CLOSEST CITY
999-RF

q10
The next questions I will be asking you are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?
(NOTE: 5 PACKS - 100 CIGARETTES)

1. YES
2. NO
8. DK
9. RF

다음 질문들은 선생님의 흡연 습관에 관한 것입니다.
평생동안 최소 100 개피 이상의 담배를 피우셨습니까?
(참고: 5 갑 - 100 개피)

1. 예
2. 아니오
8. DK
9. RF

[If (2), skip to q12]

q11
Do you now smoke cigarettes every day, some days, or not at all?

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

현재 매일 담배를 피우십니까, 가끔 피우십니까, 아니면 전혀
안 피우십니까?

1.매일
2. 가끔
3. 전혀 안피운다

8. DK
9. RF

[If (1 or 2), skip to q13] = Current Smoker

q12
Have you ever sought help for one of your smoker family members or friends to stop smoking?

1. YES
2. NO
8. DK
9. RF

담배를 끊으려는 가족이나 친구를 위해 도움이 될 방법을
강구해 보신 적이 있었나요?

1.예
2. 아니오
8. DK
9. RF

[If (2), skip to q13]

q12a-g
During the most recent attempt to help one of your family members or friends to stop smoking, did you use any of the following?

1-YES 2-NO 8-DK 9-RF

q12a
1. Brochures (SPECIFY LANGUAGE)

q12b
2. Consult with a Doctor or Nurse
(SPECIFY LANGUAGE)

q12c
3. Eastern Medicine technique

q12d
4. Western Medicine technique

q12e
5. Telephone Hotline

q12g
6. Anything else (SPECIFY)

가장 최근에 본인께서 가족이나 친구가 담배를 끊을 수 있도록
도와주신 방법중 제가 지금 드리는 예중에서 해당되는
보기가 있으면 답해주시겠습니까?

1-YES 2-NO 8-DK 9-RF

1. 안내 (책자 언어 명시)
2. Consult with a Doctor or Nurse
   (SPECIFY LANGUAGE)
3. Eastern Medicine techniques
4. Western Medicine techniques
5. 전화 핫라인
7. 기타 (명시)

q13
On how many of the past 30 days did you smoke cigarettes?

0-31 RECORD NUMBER OF DAYS
88. DK
99. RF

지난 31 일 중 며칠이나 담배를 피우셨습니까?

0-30 피운 날을 기록
88. DK
99. RF

[If (0) and q10 eq (2,8 or 9) skip to q35] = Nonsmoker

[If (0) and q10 eq (1), skip to q14] = Former Smoker

q13s
On average, about how many cigarettes a day do you now smoke?

0- DON'T SMOKE REGULARLY
1-30 RECORD NUMBER OF CIGARETTES
88. DK
99. RF

평균적으로, 현재 몇가치의 담배를 피우십니까?

0- DON'T SMOKE REGULARLY
1-30 정규적으로 담배를 피우지는 않는다. (기록 담배가치 개수)
88. DK
99. RF

[If q11 eq (1), skip to q13a]

q13a
During the past 30 days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?
(NOTE: 1 PACK - 20 CIGARETTES)

1-80 (RECORD NUMBER OF CIGARETTES)
88. DK
99. RF

지난 30 일 중, 담배를 피운날은 하루 몇 개피나 피우셨습니까?
(참고: 1 갑 - 20 개피)

1-80 (개피를 기록)
88. DK
99. RF

Current and Former Smokers

q14
How old were you when you first smoked your first whole cigarette?

0. I NEVER SMOKED A CIGARETTE
1-100 (RECORD AGE)
888. DK
999. RF

담배를 처음으로 한 개피 전부 피웠을 때가 몇 살 때였습니까?

0. I NEVER SMOKED A CIGARETTE
1-100 (나이를 기록)
888. DK
999. RF

q15
How old were you when you first started smoking cigarettes fairly regularly?

0. I DON'T SMOKE REGULARLY
1-100 (RECORD AGE)
888. DK
999. RF

담배를 정규적으로 피우기 시작했을 때가 몇 살때였습니까?

0. 나는 담배를 습관적으로 피우지 않는다
1-100 (나이를 기록)
888. DK
999. RF

Former Smokers

q17a-c
About how long has it been since you last smoked cigarettes regularly?

1-100 888-DK 999-RF

q17a
YEARS

q17b
MONTHS

q17c
DAYS

마지막으로 담배를 정규적으로 피운지 대략 얼마나 되었습니까?
1-100 888-DK 999-RF

YEARS
MONTHS
DAYS

[skip to q35]

Current Smokers

q17
During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

1. YES
2. NO
8. DK
9. RF

지난 12 개월 동안, 담배를 끊기 위하여 하루 이상 금연한
적이 있었습니까?

1. 예
2. 아니오
8. DK
9. RF

q18a-g
Did you try to quit on your own or did you use any of the following during your most recent attempt to quit smoking?

1- QUIT ON OWN 2-CONTINUE TO LIST

1-YES 2-NO 8-DK 9-RF

q18a
A. Brochures (SPECIFY LANGUAGE)

q18b
B. Consult with Doctor or Nurse (SPECIFY LANGUAGE)

q18c
C. Eastern Medicine techniques

q18d
D. Western Medicine techniques

q18e
E. Telephone Hotline

q18g
G. Did you try anything else (SPECIFY)

본인 스스로 담배를 끊으려고 시도해 보셨습니까?
또는 가장 최근에 다음과 같은 시도를 하셔 본 적이
있으십니까?

1- QUIT ON OWN 2-CONTINUE TO LIST

1-YES 2-NO 8-DK 9-RF
A. 안내 책자 (언어 명시)
B. 의사나 간호원의 조언 (명시 언어명)
C. 동양 의학을 이용한 방법
D. 서양 의학을 이용한 방법
E. 전화 핫라인
G. 본인께서는 담배를 끊기 위해서 어떤 다른 방법 (명시 방법)

q19
Would you like to stop smoking?

1. YES
2. NO
8. DK
9. RF

담배를 끊을 의향이 있으십니까?

1. 예
2. 아니오
8. DK
9. RF

q20
What best describes your intentions regarding quitting? Would you say you:

1. Are planning to quit in the next 30 days
2. Contemplating quitting in the next 6 months
3. May quit in the future, but not in the next 6 months
4. Never expect to quit
8. DK
9. RF

담배 끊는 것과 관련하여 선생님의 계획은?

1. 앞으로 30 일 안에 끊을 계획이다
2. 앞으로 6 개월 안에 끊을 생각이다
3. 앞으로 끊을지 모르지만, 6 개월 이내는 아니다

4. 현재 끊을 생각 없다
8. DK
9. RF

q21
Did you see a doctor, nurse, or other health professional in the past 12 months?

1. YES
2. NO
8. DK
9. RF

지난 12 개월 동안 의사, 간호사, 또는 의료전문인을
방문한 적이 있습니까?

1. 예
2. 아니오
8. DK
9. RF

q22
In the past 12 months did the doctor, nurse, or other health professional advise you to stop smoking?

1. YES
2. NO
8. DK
9. RF

지난 12 개월 동안 의사, 간호사 또는 의료전문인이 담배를
끊으라고 권했나요?

1. 예
2. 아니오
8. DK
9. RF

q26
Now I would like to ask you some questions about your cigarette purchases. Are you worried about how much money you spend on cigarettes?

1. YES
2. NO
3. NEVER PURCHASE CIGARETTES
8. DK
9. RF

지금부터는 담배 구매에 관하여 몇 가지 질문을 드리겠습니다.
본인께서 담배구매에 소비하시는 비용때문에 걱정하십니까?

1. 예, 걱정된다/담배 값에 신경쓰인다
2. 아니요, 걱정 안한다/담배 값에 별로 신경 안 쓴다
3. 담배를 사본적이 없다
8. DK
9. RF

q29a-b
How much money do you usually pay for a pack of cigarettes?

1-TO ENTER AMOUNT OF MONEY
2-BUYS CARTONS ONLY
3-DOES NOT BUY PACKS OR CARTONS
8-DK 9-RF

q29a
2. (RECORD DOLLAR AMOUNT)

q29b
3. (RECORD CENTS AMOUNT)

담배 한 갑 당 보통 얼마나 지불하십니까?

1-기록 담배 한갑 비용
2-한보르씩만 산다.
3-담배를 갑으로나 보르로 사지 않는다.
8-DK 9-RF

2. (기록 달러량 (RECORD DOLLAR AMOUNT))
3. (기록 센트량 (RECORD CENTS AMOUNT))

q29c-d
How much money do you usually pay for a carton of cigarettes?

q29c
2. (RECORD DOLLAR AMOUNT)

q29d
3. (RECORD CENTS AMOUNT)

How much money do you usually pay for a carton of cigarettes?
담배 한보르(한상자)당 보통 얼마나 지불하십니까?

2. (기록 달러량 (RECORD DOLLAR AMOUNT))
3. (기록 센트량 (RECORD CENTS AMOUNT))

q30
The last time that you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?

1. YES
2. NO
8. DK
9. RF

마지막으로 담배를 사셨을 때 쿠폰이나 리베이트 또는 하나 사면 하나 공짜
또는 그밖에 다른 프로모션을 이용하셨나요 ?

1. 예
2. 아니오
8. DK
9. RF

q32
Do you usually smoke:

1. Regulars
2. Lights
3. Menthols
8. DK
9. RF

보통 어떤 담배를 피우십니까…

1. 레귤러,
2. 라이트,
3. 또는 멘솔?
8. DK
9. RF

q33
What brand do you usually smoke?
(DO NOT READ ALL OPTIONS)

보통 어떤 브랜드를 피우십니까…
(옵션들을 모두 읽어주지 마시오)

1. 555
2. BENSON AND HEDGES
3. CAMEL
4. CARLTON
5. GENERIC
6. KENT
7. KOOL
8. MARLBORO
9. MERIT
10. MILD SEVEN
11. MORE
12. NEWPORT
13. PALL MALL
14. SALEM
15. VANTAGE
16. VIRGINIA SLIMS
17. WINSTON
18. 華人品牌(具體說明)
19. 其它(具體說明)
20. KOREAN BRANDS(具體說明)
77. DK
99. RF

Everyone

q35
Have you ever smoked a tobacco pipe?

1. YES
2. NO
8. DK
9. RF

담배 파이프를 피운신적이 있습니까?

1. 예
2. 아니오
8. DK
9. RF

q35a

Do you smoke a tobacco pipe every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

매일 담배 파이프를 피우십니까, 가끔 피우십니까, 아니면 전혀
안 피우십니까?

1. 매일
2. 가끔
3. 전혀 안피운다
8. DK
9. RF

q36
Have you ever smoked a cigar, even just a few puffs?
(Cigar-large cigar, cigarillo, or small cigar)

1. YES
2. NO
8. DK
9. RF

라아지 시가, 시가릴로 또는 리틀 시가를 몇 모금이라도 피운 적이 있나요?

1. 예
2. 아니오

8. DK
9. RF

q36a
When was the last time you smoked a cigar?

1. Within the past month
2. Within the past 3 months
3. Within the past 6 months
4. Within the past year
5. Within the past 5 years
6. Within the past 15 years
7. More than 15 years ago
8. DK
9. RF

가장 마지막으로 시가를 피우신적이 언제입니까?

1. 지난달 중
2. 지난 석달 중
3. 지난 반년 중
4. 지난 1 년 중
5. 지난 5 년 중
6. 지난 15 년 중
7. 지난 15 년 보다 전
8. DK
9. RF

q36b
In the past month did you smoke cigars everyday, several times a week, once per week, or less than once per week?

1. EVERY DAY
2. SEVERAL TIMES A WEEK
3. ONCE PER WEEK
4. LESS THAN ONCE PER WEEK
8. DK
9. RF

지난 일 개월 동안 시가를 매일 피우셨습니까, 일주일에 몇번만 피우셨습니까,
일주일에 한번 피우셨습니까, 아니면 일주일에 한번 미만 피우셨습니까?

1. 매일
2. 매주 여러번
3. 매주 한번
4. 매주 한번 미만
8. DK
9. RF

q37
Have you ever used chewing tobacco such as Redmann, Levi Garrett, or Beechnut?

1. YES
2. NO
8. DK
9. RF

추잉 토바코 예를 들어 레드만 (Redmann), 레비 가레테(Levi Garrett),
혹은 비츠너트 (Beechnut)를 사용하신 적이 있나요?

1. 예
2. 아니오
8. DK
9. RF

q37a
Do you now use chewing tobacco every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

현재 매일 추잉 토바코를 사용하십니까,
가끔 사용하십니까, 아니면 전혀 사용하지 않습니까?

1. 매일
2. 가끔
3. 전혀 사용하지 않는다
8. DK
9. RF

q38-q38a
Now I am going to ask you a few questions about your household.
How many other household members currently smoke?

0. NONE 1. ENTER NUMBER
1-20 88-DK 99-RF

지금부터는 지금 같이 사시는 가족들에 관하여 몇 가지 질문을
드리겠습니다. 현재 가족 중 몇 분이나 담배를 피우십니까?

0. 가족중 담배피우는 사람이 없다. 1. 기록 담배피우는 가족수
1-20 88-DK 99-RF

q39
What are the smoking rules or restrictions in your household, if any? Would you say:

1. Smoking is completely prohibited
2. Smoking is generally banned for everyone with few exceptions
3. Smoking is allowed in some rooms only
4. There is no restriction on smoking
5. OTHER (SPECIFY)
8. DK
9. RF

집 안에 흡연 규정이나 제한이 있으면 어떤 것입니까?

1. 흡연 금지
2. 흡연은 일반적으로 금지되었지만 몇 가지 예외가 있다
3. 일정한 장소에서만 담배를 피우게 되어 있다
4. 흡연에 대한 제한이 없다
5. 기타 (명시)
8. DK
9. RF

q39b
Does anyone ever smoke inside your home?

1. YES
2. NO
8. DK
9. RF

집 안에서 담배를 피우는 사람이 있습니까?

1. 예
2. 아니오
8. DK
9. RF

[Only those where q39 NE 1]

q39c
What best describes your intentions regarding completely banning smoking in the household?

1. Never expect to ban
2. May ban in the future but not in the next 6 months
3. Will ban in the next 6 months
8. DK
9. RF

집 안에서 금연과 관련하여 선생님의 생각은?

1. 흡연 금지할 생각 없다
2. 앞으로 금지할지 모르지만, 6 개월 이내는 아니다

3. 앞으로 6 개월 안에 금지할 생각이다
8. DK
9. RF

All

q39d
Who sets the smoking rules in the household?

1. MYSELF
2. MY PARTNER/SPOUSE
3. MY MOTHER
4. MY FATHER
5. MY GRANDMOTHER
6. MY GRANDFATHER
7. MY ROOMMATE
8. OTHER (SPECIFY)
77. DK
99. RF

집안에서 흡연 규정을 누가 정합니까?

1. 내가
2. 나의 남편/또는 부인 (동거 남자친구/여자친구)
3. 어머니가
4. 아버지가
5. 할머니가
6. 할아버지가
7. 룸메이트가
8. 기타 (명시)
77. DK
99. RF

q40
Now I am going to ask you a few questions about your workplace. Do you currently work for money in an indoor setting, such as an office, plant or store, outside of your home?

1. YES
2. NO
8. DK
9. RF

지금부터는 직장에 관하여 몇 가지 질문을 드리겠습니다.
현재 선생님은 수입을 위해 오피스나 공장, 상점 등 건물 안에서 일을 하십니까?

1. 예
2. 아니오
8. DK
9. RF

For Respondents working outside of the home

q40a
What is the total number of employees at the building where you work? Is it:

1. Less than 5
2. 5 to less than 25
3. 25 to less than 50
4. More than 50
8. DK
9. RF

직장 건물 안에서 모두 몇 명이나 일합니까?

1. 5 명 미만
2. 5 명에서 25 명
3. 25 명에서 50 명
4. 50 명 이상
8. DK
9. RF

q40b
Is the building where you work completely smoke-free indoors?

1. YES
2. NO
8. DK
9. RF

현재 일하시는 건물안은 완전 금연 구역입니까?

1. 예
2. 아니오
8. DK
9. RF

q40c-c3
For each of the following indoor areas in your building, please indicate whether smoking is allowed in?

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

q40c
Any indoor work areas?

q40c1
Special smoking room or lounge?

q40c2
Break room or cafeteria?

q40c3
Hallway or lobby?

지금 제가 드리는 각각의 귀하의 직장안 장소 예중에서 만약 흡연이
허용되고 있다면 지적해 주세요.

1-흡연이 허용된다. 2-흡연이 허용되지 않는다 . 8-DK 9-RF

직장 건물안 어떤 사무실내에서?
특별히 지정된 흡연실이나 라운지?
휴게실이나 식당?
복도나 로비?

q40da-db
Is smoking allowed outside the building….

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

q40da
Close to entrances?

q40db
In special area on the property?

건물 밖에서는 흡연할 수 있나요…

1-흡연이 허용된다. 2-흡연이 허용되지 않는다. 8-DK 9-RF

입구 가까운 곳?
회사주위 건물밖 특별히 지정된 공간?

q40e
During the past two weeks has anyone smoked in the area in which you work?

1. YES
2. NO
3. DID NOT WORK IN THE PAST TWO WEEKS
8. DK
9. RF

지난 2 주일 동안 본인께서 일하시는 직장안에서 누가 담배를 피운

적이 있습니까?

1. 예
2. 아니오
3. 지난 2 주 동안 일하지 않았다
8. DK
9. RF

Everyone

q41
Are you often exposed to other people's tobacco smoke at any other place besides your home and work place?

1. YES
2. NO
8. DK
9. RF

집과 직장 이외에 다른 곳에서 간접 흡연에 자주 노출되십니까?

1. 예
2. 아니오
8. DK
9. RF

q41a
At the last time this happened where were you?

1. RESTAURANT
2. RESTAURANT BAR
3. BAR OR TAVERN
4. POOL HALL
5. SHOPPING MALL
6. PUBLIC PARK/OUTDOORS
7. COMMUNITY EVENT
8. SPORTS EVENT
9. OTHER PERSON'S HOME
10. OTHER PERSON'S AUTOMOBILE
11. GAME ROOM/CASINO/BINGO HALL
12 OTHER--SPECIFY
88. DK
99. RF

그렇다면 가장 최근에 간접흡연에 노출된 장소가 어디였습니까?

1.레스토랑
2. 레스토랑 바 (Restaurant Bar)
3. 바 (Bar)
4. 당구장

5. 쇼핑몰
6. 공원/야외
7. 지역단체모임
8. 스포츠행사장
9. 다른 사람의 집안
10. 다른 사람의 차안
11. 게임방/카지노/빙고홀 (Bingo Hall)
12. 기타 (명시)
88. DK
99. RF

q42
The last time that you went to a bar, tavern, or night club-including those that are attached to restaurant, hotel, or card club- in California, was it smoke-free?

1. YES
2. NO
3. HAVE NOT BEEN IN A BAR, TAVERN, OR NIGHTCLUB IN THE PAST 12 MONTHS
8. DK
9. RF

마지막으로 가셨던 캘리포니아에 있는 술집이나 나이트클럽 (식당이나, 호텔 또는 카지노 안에 있는 것 포함해서)이 흡연이 금지된 곳이었습니까?

1. 예
2. 아니오
3. 지난 12 개월간, 술집이나 나이트클럽을 간적이 없다.
8. DK
9. RF

q42b
What was the ethnic majority of the other customers in this place?

1. CHINESE
2. KOREAN
3. OTHER - (SPECIFY)
8. DK
9. RF

그 장소에 모인 손님들은 주로 어떤 인종의 사람들이었습니까?

1. 중국인
2. 한국인
3. 기타 - (명시 인종)
8. DK
9. RF

q43a-b
In the past week, about how many minutes and hours were you exposed to other people's tobacco smoke in all environments?

(INTERVIEWER- ENTER 5 DIGITS- FIRST 3 ARE HOURS LAST 2 ARE MINUTES
EXAMPLE- 30 MINUTES- 000 30
12 HOURS AND 40 MINUTES- 012 40
120 HOURS AND 0 MINUTES- 120 00
DK- 888 88
RF- 999 99

q43a q43b
HOURS MINUTES

MINUTES AND HOURS
지난 주, 모든 환경에서 간접 흡연에 몇 분 (Minute) 또는
몇 시간 노출되었습니까?

q44-44z
In a typical week, about how many hours do you watch [fill country] television (TV)?

q44
1. (RECORD HOURS: 0-168)

q44z
2. (RECORD MINUTES: 0-59)

888. DK
999. RF

일 주일에 보통 몇 시간이나 한국 TV 를 시청하십니까?

q44a-az
In a typical week, about how many hours do you watch American TV?

q44a
1. (RECORD HOURS: 0-168)

q44az
2. (RECORD MINUTES: 00-59)

888. DK
999. RF

일 주일에 보통 몇 시간이나 미국 TV 를 시청하십니까?

q45-45z
In a typical week, about how many hours do you listen to [fill country] radio?

q45
1. (RECORD HOURS: 0-168)

q45z

2. (RECORD MINUTES: 00-59)

888. DK
999. RF

일 주일에 보통 몇 시간이나 한국 라디오 방송을 청취하십니까?

q45a-az
In a typical week, about how many hours do you listen to American radio?

q45a
1. (RECORD HOURS: 0-168)

q45az
2. (RECORD MINUTES:00-59)

888. DK
999. RF

일 주일에 보통 몇 시간이나 미국 라디오 방송을 청취하십니까?

q46
In a typical week, about how many hours do you read the [fill country] newspaper?

1. (RECORD HOURS: 0-168)
2. (RECORD MINUTES: 00-59)
888. DK
999. RF

일 주일에 보통 몇 시간이나 한국 신문을 읽으십니까?

q46a-az
In a typical week, about how many hours do you read the American newspaper?

q46a
1. (RECORD HOURS: 0-168)

q46az
2. (RECORD HOURS: 00-59)

888. DK
999. RF

일 주일에 보통 몇 시간이나 미국 신문을 읽으십니까?

q47a-47g
Within the last 30 days, have you seen or heard any anti-smoking messages on:

1-YES 2-NO 8-DK 9-RF

q47a
A. [fill country] TV

q47b
B. American TV

q47c
C. [fill country] radio

q47d
D. English radio

q47e
F. [fill country] newspaper

q47f
F. English newspaper

q47g
G. **Anywhere else?** (SPECIFY MEDIUM AND LANGUAGE)

지난 30 일 동안 흡연 금지 광고를 보거나 들은 적이 있습니까:
1-YES 2-NO 8-DK 9-RF

A. 한국 TV
B. 미국 TV
C. 한국 라디오
D. 영어 라디오
E. 한국 신문
F. 영어 신문
G. Anywhere else? (방송 매체와 언어를 명시)

Current Smokers

q48
Now I am going to read you a few statements about smoking. Please tell me whether you strongly agree, slightly agree, slightly disagree, or strongly disagree.

My smoking is harming my own health.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

자, 이제는 흡연에 관한 몇 가지 문구를 읽어드리겠습니다.
적극 동의하시는지, 조금 동의하시는지, 조금 반대하시는지, 또는 적극
반대하시는지 말씀해 주시기 바랍니다.

흡연은 내 자신의 건강에 해를 끼친다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q49
I believe that I am addicted to cigarettes.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

나는 담배에 중독된 것 같다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q50
My family would prefer if I didn't smoke.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

나의 가족은 내가 담배를 끊었으면 한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q51
My friends and colleagues would prefer that I didn't smoke.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

내 친구들과 동료들은 내가 담배를 끊었으면 한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

Everyone

qsk
Now I am going to read you a few statements about smoking. Please tell me whether you strongly agree, slightly agree, slightly disagree, or strongly disagree.

The first one is…

1- CONTINUE

자, 이제는 흡연에 관한 몇 가지 진술을 읽어드리겠습니다.
적극 동의하시는지, 조금 동의하시는지, 조금 반대하시는지,
또는 적극 반대하시는 지 말씀해 주시기 바랍니다.

The first one is…

1- CONTINUE

q52
Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

간접 흡연은 담배 안 피우는 사람에게 폐암을 유발한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q53
Inhaling smoke from someone else's cigarette harms the health of babies and children.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

간접 흡연은 아기와 어린이들의 건강에 해를 끼친다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q54
If a woman smokes when pregnant, it will harm the health of her baby.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

임신 중에 담배를 피우면 태아의 건강에 해를 끼친다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q55
I prefer to eat in restaurants that are smoke-free.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

나는 금연 식당에서 밥을 먹기 원한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q56
Tobacco advertising encourages young people to start smoking.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배 광고는 젊은 사람들이 담배를 피우게 만든다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q57
Tobacco companies can lower the nicotine content of tobacco products.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배 회사들은 담배의 니코틴 함량을 줄일 수 있다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q58
Tobacco is not as addictive as other drugs such as heroin or cocaine.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배는 헤로인이나 코카인같이 중독성이 있는 것은 아니다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q59
Smoking cigarettes is a symbol of independence.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배를 피우는 것은 자립의 상징이다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q60
Tobacco industry advertising at cultural and sporting events should be banned.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

문화 행사나 스포츠 행사에서 담배 광고는 금지되어야 한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q61
The production and sale of cigarettes should not be a legitimate business.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배 생산이나 판매는 법으로 금지해야 한다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q62
The Tobaco industry spokespersons mislead the public when they say tobacco is not addictive.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

담배생산 업체의 대변인이 담배는 중독성이 없다고 말하는 것은 대중을

잘못된 길로 인도하는 것이다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q63
If a person smokes only five cigarettes per day, their chances of getting cancer from smoking are about the same as someone who never smokes.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

만약 담배를 하루에 5 개피만 핀다면, 그 사람의 암에 걸릴 확률은
담배를 평생 피지 않은 사람이 암에 걸릴 확률과 거의 같다.

1. 적극 동의한다.
2. 조금(SLIGHTLY) 동의한다.
3. 조금 (SLIGHTLY)동의하지 않는다.
4. 적극 동의하지 않는다.
8. DK
9. RF

q64
Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most?

본인께서 접해 오신 담배 광고중, 어떤 담배회사 광고가 가장
본인의 주목을 끌었습니까?

1. BENSON AND HEDGES
2. CAMEL
3. CARLTON
4. GENERIC
5. KENT
6. KOOL
7. MARLBORO
8. MERIT
9. MORE
10. NEWPORT
11. PALL MAL
12. SALEM
13. VANTAGE
14. VIRGINIA SLIMS
15. WINSTON
16. OTHER (SPECIFY)
77 NO BRAND ATTRACTED ATTENTION
88. DK
99. RF

q65
How annoying do you find other people's smoking? Would you say not annoying at all, a little annoying, moderately annoying, very annoying, or extremely annoying?

1. NOT ANNOYING AT ALL
2. A LITTLE ANNOYING
3. MODERATELY ANNOYING
4. VERY ANNOYING
5. EXTREMELY ANNOYING
8. DK
9. RF

타인의 흡연이 본인께 어느정도 불편함이 됩니까? 타인의 흡연이 전혀 불편하지 않으십니까? 다소 불편하십니까? 불편하십니까? 매우 불편하십니까? . 매우 불편하다?

1. 전혀 불편하지 않다.
2. 약간 불편하다.
3. 어떤 땐 약간 불편하다.
4. 불편하다.
5. 매우 불편하다.
8. DK
9. RF

q65a
In the past 12 months have you ever asked someone not to smoke?

지난 12 개월간, 타인에게 담배피지 말기를 요청하신 적이 있습니까?

1. YES
2. NO
8. DK
9. RF

q65b
On the most recent occasion you asked someone not to smoke, who was that person?

1. SPOUSE OR PARTNER
2. PARENT
3. CHILD
4. OTHER RELATIVE
5. FRIEND
6. CO-WORKER
7. OTHER KNOWN PERSON
8. STRANGER
88. DK
99. RF

가장 최근에 본인께서 담배피지 말것을 요청한 사람은 누구입니까?

1. 남편/부인 혹은 여자친구/남자친구
2. 부모님
3. 자녀
4. 친척
5. 친구
6. 직장 동료
7. 기타 아는 사람
8. 전혀 모르는 사람 (Stranger)
88. DK
99. RF

q66-66f
In your opinion, how well do you:

1-VERY WELL 2-PRETTY WELL 3-SO SO
4-NOT TOO WELL 5-NOT AT ALL 8-DK 9-RF

q66
1. Understand spoken English. Would you say very well, pretty well, so-so, not very well, or not at all?

q66a
3. Speak English?

q66b
4. Read English?

q66c
4. Write English?

q66d
5. Speak in [fill country]?

q66e
5. Write in [fill country]?

q66f
7. Read in [fill country]?

지금부터 제가 드릴 질문들에 대해서 본인이 생각하시는 본인의 평가를 말씀해 주십시오.
1-VERY WELL 2-PRETTY WELL 3-SO SO
4-NOT TOO WELL 5-NOT AT ALL 8-DK 9-RF

1. 영어를 듣고 이해하십니까? 매우 잘 하십니까, 잘 하십니까, 적당히 하십니까, 잘 못하십니까?
2. 영어를 말할 줄 아십니까?
3. 영어를 잘 읽습니까?
4. 영어를 잘 쓰십니까?

5. 한국어를 잘 말하십니까?

6. 한국어를 쓰십니까?

7. 한국어를 잘 읽으십니까?

q67-67b
What language do you usually use:

1-ONLY ENGLISH 2-MOSTLY ENGLISH 3-[fill country] AND ENGLISH EQUALLY
4-MOSTLY [fill country] 5-ONLY [fill country] 8-DK 9-RF

q67
1. With most of your friends? Only English, mostly English, [fill country] and English equally, mostly [fill country], or only [fill country]

q67a
2. With most of your neighbors?

q67b
3. At family gatherings such as birthdays or holidays?

보통 어떤 언어를 사용하십니까?

1-단지 영어만 2-대부분 영어 3-한국어와 영어를 균등하게
4-대부분 한국어 5-단지 한국어만 8-DK 9-RF

1. 대부분의 친구들과? 단지 영어만, 대부분 영어만, 한국어와
   영어를 균등하게, 대부분 한국어만, 단지 한국어만 @q67
2. 대부분의 이웃들과? @q67a
3. 생일이나 명절 같은 가족 모임에서? @q67b

q68-68c
In what language do you prefer:

1-ONLY ENGLISH 2-MOSTLY ENGLISH 3-[fill country] AND ENGLISH EQUALLY
4-MOSTLY [fill country] 5-ONLY [fill country] 8-DK 9-RF

q68
1. To read the newspaper? Only English, mostly English, [fill country] and English equally, mostly [fill country], or only [fill country]

q68a
2. To watch TV?

q68b
3. To listen to the radio?

q68c
4. To use the Internet?

어떤 언어를 선호하십니까?

1-단지 영어만 2-대부분 영어 3-한국어와 영어를 균등하게
4-대부분 한국어 5-단지 한국어만 8-DK 9-RF

1. 신문을 읽을 때? 단지 영어만, 대부분 영어만, 한국어와 영어를 균등하게,
대부분 한국어만, 단지 한국어만
2. TV 를 시청할 때?
3. 라디오를 청취할 때?
4. 인터넷을 사용할 때?

q69
We often get health information from a variety of people. Some people give us a lot of health information, others only give us a little information. From whom do you get the MOST health information?(INTERVIEWER: ACCEPT ONE OPTION ONLY)

1. PHYSICIAN
2. NURSE
3. PARENT
4. OTHER RELATIVE
5. FRIEND
6. NEIGHBOR
7. MEDIA (SPECIFY)
8. OTHER (SPECIFY)
77. DK
99. RF

우리는 보통 여러 사람들로부터 건강에 대한 정보를 얻습니다.
어떤 사람은 우리에게 많은 건강 정보를 제공해 주고,
어떤 사람은 약간만 제공합니다.
선생님은 주로 누구한테 건강 정보를 얻습니까?
(조사원: 하나만 표시)

1. 의사
2. 간호사
3. 부모
4. 다른 친척
5. 친구
6. 이웃

7. 언론 매체 (명시)
8. 기타 (명시)
77. DK
99. RF

q70
In what way would you PREFER to receive information regarding your health?
(INTERVIER: ACCEPT ONE OPTION ONLY)

1. INFORMATION BROCHURES
2. ONE-ON-ONE WITH PROVIDER OR HEALTH EDUCATOR
3. GROUP SETTING
4. VIDEO TAPE
5. TELEPHONE
6. TV
7. RADIO
8. BILLBOARDS
9. INTERNET
10. OTHER (SPECIFY)
77. DK
99. RF

건강에 관하여 어떤 방법으로 정보를 얻기를 선호하십니까?
(조사원: 하나만 표시)

1. 정보 책자
2. 의사나 의료 전문인으로부터 개별적으로
3. 그룹으로
4. 비디오를 통해서
5. 전화를 통해서
6. 테레비를 통해서
7. 라디오를 통해서
8. 옥외 광고판을 통해서
9. 인터넷을 통해서
10. 기타 (명시)
77. DK
99. RF

q70a
In what language would you prefer the information be given?

1. MANDARIN(PUTONGHUA)
2. CANTONESE
3. TOYSHAN
4. ENGLISH
5. KOREAN
6. OTHER(SPECIFY)
8. DK
9. RF

어떤 언어로된 정보를 얻기 원하십니까?

1. 중국어 (보통화/만다린)
2. 중국어 (켄토니즈)
3. 토이샨 (TOYSHAN)
4. 영어
5. 한국어
6. 기타 언어 (명시 언어명)
8. DK
9. RF

q80
Where do you usually go when you are sick or need advice about your health?

1. WESTERN DOCTOR'S OFFICE
2. OTHER PROVIDER'S OFFICE/HOME, INCLUDING TRADITIONAL HEALER OR PROVIDER
3. COMMUNITY CLINIC OR HEALTH CENTER
4. HOSPITAL CLINIC
5. HOSPITAL EMERGENCY ROOM
6. SOME OTHER PLACE (SPECIFY)
7. NO SINGLE PLACE
8. NO, I DON'T GET SICK OR NEED HEALTH ADVICE
9. I DON'T SEEK HEALTH ADVICE
77. DK
99. RF

아프거나 건강 상담이 필요하면 누구한테 가십니까 ?

1. 일반 의사
2. 한의사를 포함한 그 밖의 의료 제공자
3. 커뮤니티 클리닉이나 보건센터
4. 병원 클리닉
5. 병원 응급실
6. 그밖에 장소 (명시)
7. 특별히 정해 놓고 가는 곳이 없다
8. 아니오. 아픈 적도 없어 건강 상담이 필요 없다
9. 건강 상담을 요하지 않는다
77. DK
99. RF

q71
Now I am going to ask you a few questions about yourself. What year were you born?

자, 이제는 선생님 본인에 관해서 질문을 몇가지 드리겠습니다.

몇 년도에 출생하셨나요?

1900-2003 (RECORD YEAR)
8888. DK
9999. RF

q72
What year did you come to the United States?

몇 년도에 미국에 오셨나요?

1900-2003 (RECORD YEAR)
8888. DK
9999. RF

q73
Are you:

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never Married
6. Member of an unmarried couple
8. DK
9. RF

선생님은…

1. 결혼했다
2. 이혼했다
3. 배우자가 사망
4. 별거 중이다
5. 결혼한 적 없다, 또는
6. 결혼 안하고 동거 중이다
8. DK
9. RF

q74
In which country did you receive your highest level of education?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTY (SPECIFY)

6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

최종 교육을 어느 나라에서 받으셨나요?

1. 중국 본토
2. 홍콩
3. 한국
4. 미국
5. 다른 아시아 국가 (명시 국가명)
6. 기타 국가 (명시 국가명)
8. DK
9. RF

q75
What is the highest level of education that you have completed?

1. NO FORMAL EDUCATION
2. SOME ELEMENTARY SCHOOL
3. COMPLETED ELEMENTARY SCHOOL
4. COMPLETED MIDDLE SCHOOL
5. SOME HIGH SCHOOL
6. HIGH SCHOOL GRADUATE
7. SOME COLLEGE
8. COLLEGE GRADUATE
9. GRADUATE OR PROFESSIONAL SCHOOL
10. OTHER (SPECIFY)
88. DK
99. RF

최종 교육 수준이 어떻게 되십니까?

1. 정규 교육을 받은 적 없다
2. 초등학교 졸업
3. 중학교 졸업
4. 고등학교 졸업
5. 대학교 졸업
6. 대학원이나 전문 대학원
7. 기타 (명시)
8. DK
9. RF

q77
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are used by a computer or a fax machine.

1. YES
2. NO

8. DK
9. RF

집 전화 번호가 하나 넘게 있습니까?
핸드폰이나 컴퓨터 또는 팩스로 사용하는 번호는 포함하지 마십시오.

1. 예
2. 아니오
8. DK
9. RF

q78
How many of these are residential numbers?

이 중 몇 개가 가정용 전화입니까?

1-20 (ENTER NUMBER)
88. DK
99. RF

q79a-d
What kind of health insurance or health care coverage do you have? Do you have…

q79a
A. **No Insurance Coverage**
   1-PERSON HAS INSURANCE
   2-PERSON DOES NOT HAVE INSURANCE

1-PERSON HAS THIS TYPE OF INSURANCE
2-PERSON DOES NOT HAVE
8-DK 9-RF

q79b
B. Medicaid/Medi-Cal

q79c
C. Medicare

q79d
D. Private Insurance (Employer Insurance, self-Pay, Etc.)

어떤 종류의 건강 의료 보험을 갖고 계신가요? Do you have..

A. No Insurance Coverage
   1-PERSON HAS INSURANCE
   2-PERSON DOES NOT HAVE INSURANCE

1-PERSON HAS THIS TYPE OF INSURANCE
2-PERSON DOES NOT HAVE
8-DK 9-RF

B. Medicaid/Medi-Cal
C. Medicare

D. Private Insurance(Employer Insurance,
Self-Pay, Etc.)

q76
Including yourself, how many people do you share income with?

자신을 포함해서 수입을 나누어 쓰는 가족이 몇이나 되나요?

1-70 (RECORD NUMBER)
88. DK
99. RF

q76b
Which of the following categories best describes your annual household income from all sources?

1. Less than $10,000
2. $10,000 to less than $15,000
3. $15,000 to less than $20,000
4. $20,000 to less than $25,000
5. $25,000 to less than $35,000
6. $35,000 to less than $50,000
7. $50,000 to less than $75,000
8. $75,000 to $100,000
9. Over $100,000
88. DK
99. RF

1 년 가족 총 소득이 얼마나 되나요?

1. $10,000 미만
2. $10,000 에서$15,000 사이
3. $15,000 에서$20,000 사이
4. $20,000 에서$25,000 사이
5. $25,000 에서$35,000 사이
6. $35,000 에서$50,000 사이
7. $50,000 에서$75,000 사이
8. $75,000 에서$100,000 사이
9. Over $100,000 이상
88. DK
99. RF

q81
That finishes the questions I wanted to ask you. Do you have any questions or comments that you would like to add?

1. (RECORD AS GIVEN)
2. NO COMMENT

이제 모든 질문이 끝났습니다. 혹시 질문이나 의견 같은 것 없으십니까?

1. (말하는대로 기록)
2. NO COMMENT

thanks
Thank you very much for your time and participation.

INTERVIEWER ENTER SEX OF RESPONDENT

1. MALE
2. FEMALE

시간을 내어 참여해 주셔서 정말 감사합니다.
INTERVIEWER ENTER SEX OF RESPONDENT

1. MALE
2. FEMALE

California Department of Health Services
Tobacco Control Section